

ISAC Wellness Program Program Planning Sheet

County _____ Form completed by _____

Program Name _____ Date of Program _____

Please describe the program and what your objective is in implementing this program?			
What is your goal participation?			
How does this program promote positive lifestyle behaviors?			
What is your strategy to promote this program?			
Are you planning to use incentives for participation? If so, what?			
Cost per participant:		Total cost:	

One of these forms needs to be completed for each program you hold. The form needs to be submitted to ISAC 15 days prior to the start of the program. **If this form is not submitted and a reimbursement is requested, you run the risk of having the request denied.**

Mail them to: ISAC Wellness Program, 5500 Westown Pkwy #190,
West Des Moines, IA 50266 FAX: 515-244-6397 or email: wellness@iowacounties.org