



Wellness Program Approval Form

*Form to be used for approval of the additional 2017 ISAC Wellness Program County Wellness Committee Activity Program

Name of Program:

Start and End Dates of Program:

Program Location:

Sponsoring Organization:

Brief Program Description or Attach Copy of Program Description:

Cost of Course:

\$ _____

Program content must wellness related (nutrition, stress management, physical activity, financial wellness-etc)

Please submit form via email to ISAC: wellness@iowacounties.org or kcook@iowacounties.org and Amy Gould: goulda@wellmark.com by September 1, 2017 for program approval