

HEALTH & WELLNESS SPONSORSHIP



The Ottawa County Safety Council, under the sponsorship of the Ottawa County Improvement Corporation, announced the **5K HEALTH & WELLNESS SPONSORSHIP** program in March 2017. After the BWC health and wellness grant opportunity ended, the OCSC Steering Committee decided to continue this effort to help benefit YOU on your road to being a healthier person, mentally and physically. The steering committee put together this sponsorship to pay for the cost of members who participate in a 5K race in Ottawa County.

The **5K HEALTH & WELLNESS SPONSORSHIP** will be reviewed and awarded on a first come, first serve basis. We have set aside \$1,000 for this effort. Approved race entries will be paid via reimbursement once a copy of the race form is submitted.

The **5K Health & Wellness Sponsorship** program will be evaluated each year by the steering committee for renewal or discontinuation based on participation, interest and financial considerations.

For more information or to apply for a **5K HEALTH & WELLNESS SPONSORSHIP**, please contact Gaye Winterfield: gwinterfield@ocic.biz

Guidelines:

- Employees of member businesses may only apply for one race per fiscal year (July 1 – June 31 of the given years).
- The race location must be in Ottawa County.
- Participants must submit 5K race form two weeks prior to the date of the race to be evaluated for eligibility.
- After eligibility is established, reimbursement will be awarded on a first-come/first-serve basis.
- Once \$1,000 in grants have been awarded, additional applications will be considered on a case-by-case basis or be held over for consideration in the following program year.
- For reimbursement, please submit:
 - A copy of your race form (scanned or photo copy)
 - A copy of your race bib (scanned or photo copy)

This will show proof of race entry and participation.

5K Reimbursement Request:

Name of Individual: _____

Company: _____

Race Name: _____

Date of Race: ____/____/____ **Date of Submitted Request:** ____/____/____

Cost of Race: \$____.____ **Location of Race:** _____

Employee Signature: _____

Supervisor Signature: _____

Submit the race form to your Supervisor for approval.

Mail check to: _____, OH _____

Please submit form to Gaye Winterfield: gwinterfield@ocic.biz