

# Wellness Fund

## Supporting Materials 2025-26

Information about the Wellness Fund can be found at <http://wellnessfund.berkeley.edu>.  
Completed supporting materials should be as file uploads with the google form application.  
Please feel welcomed to format tables accordingly to fit your information (i.e. add more rows).

The submission deadline for all supporting materials and proposal application is: **Friday, February 13 , 2026 at 5:00 pm.**

Name of Proposed Program, Service or Project:

1. List all non-Wellness Fund sources you are pursuing for funding, volunteer time, in-kind donations, etc.

| Source/Description | Amount | Date Request Submitted | Date received / Date funding will be announced |
|--------------------|--------|------------------------|------------------------------------------------|
|                    |        |                        |                                                |
|                    |        |                        |                                                |
|                    |        |                        |                                                |
|                    |        |                        |                                                |

2. Proposed Budget

**Anticipated Start Date: Fall 2026**

|                                          | Amount in Dollars |        |        |         |
|------------------------------------------|-------------------|--------|--------|---------|
|                                          | Year 1            | Year 2 | Year 3 | Year 4* |
| Total Personnel Expenses                 |                   |        |        |         |
| Salary Total <sup>+</sup>                |                   |        |        |         |
| **Benefit Total                          |                   |        |        |         |
| Non-Personnel Expenses (Please describe) |                   |        |        |         |
|                                          |                   |        |        |         |
|                                          |                   |        |        |         |
|                                          |                   |        |        |         |
| Total Non-Personnel Expenses             |                   |        |        |         |
| Total Expenses                           |                   |        |        |         |

|                                                                    |  |  |  |  |
|--------------------------------------------------------------------|--|--|--|--|
| Funding from other sources                                         |  |  |  |  |
| Wellness Fund funding requested (per year)                         |  |  |  |  |
| <b>Cumulative Wellness Fund Funding Request (total all years):</b> |  |  |  |  |

\*If the length of the project spans more than four years, please attach a spreadsheet detailing budget details.

\*\* Please use the following benefit rate for non-student employees: 47.55%

+ Please take into account any planned annual increases (e.g. salary increases, inflation, etc.) and factor that into these budget calculations.

3. If you believe that your project can be implemented with partial funding, please create a proposed budget for the partial funding that includes the essential components of your program and their costs.

|                                                                    | Amount in Dollars |        |        |         |
|--------------------------------------------------------------------|-------------------|--------|--------|---------|
|                                                                    | Year 1            | Year 2 | Year 3 | Year 4* |
| Total Personnel Expenses                                           |                   |        |        |         |
| Salary Total <sup>+</sup>                                          |                   |        |        |         |
| **Benefit Total                                                    |                   |        |        |         |
| Non-Personnel Expenses (Please describe)                           |                   |        |        |         |
|                                                                    |                   |        |        |         |
|                                                                    |                   |        |        |         |
|                                                                    |                   |        |        |         |
| Total Non-Personnel Expenses                                       |                   |        |        |         |
| Total Expenses                                                     |                   |        |        |         |
| Funding from other sources                                         |                   |        |        |         |
| Wellness Fund funding requested (per year)                         |                   |        |        |         |
| <b>Cumulative Wellness Fund Funding Request (total all years):</b> |                   |        |        |         |

\*If the length of the project spans more than four years, please attach a spreadsheet detailing budget details.

\*\*Please use the following benefit rate for non-student employees: 47.55%

Please take into account any planned annual increases (e.g. salary increases, inflation, etc.) and factor that into these budget calculations.

\* Car Rentals: Average Car rental on weekends is around \$200.00 per car. Having at least 2 car rentals per trip, (2 \* \$200.00) \* 6 trips = \$2,400.00

Micro-community stipend is used for long drives out to areas for snow trips