

**CAPE COD MUNICIPAL HEALTH GROUP  
FY 2018 WELLNESS GRANT APPLICATION**

Instructions: Please fill out the information below and e-mail to Marie Buckner [mbuckner@townofsandwich.net](mailto:mbuckner@townofsandwich.net). Grants are awarded based upon the number of full time employees. 0-50 Employees \$150; 51-150 Employees \$250; 151-300 Employees \$400; 301-600+ Employees \$600.

**UNIT NAME:**

**MAILING ADDRESS:**

**CONTACT'S NAME & TITLE:**

**TELEPHONE:**

**EMAIL:**

**NUMBER OF EMPLOYEES IN UNIT:**

**DESCRIPTION OF HOW THE FUNDS WILL BE USED (PLEASE BE SPECIFIC):**

**OUTLINE PROPOSED BUDGET:**

Total Budget: \_\_\_\_\_

**GOALS FOR THE GRANT:**

----- **FOR OFFICE USE ONLY** -----

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Marie Buckner, Co-Chair, Wellness Committee

Amount of Grant: \$ \_\_\_\_\_ Number of Unit's enrollees: \_\_\_\_\_