

**CAPE COD MUNICIPAL HEALTH GROUP
FY 2019 WELLNESS GRANT APPLICATION**

Instructions: Please fill out the information below and e-mail to Marie Buckner 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: _____