

**CAPE COD MUNICIPAL HEALTH GROUP
FY '17 WELLNESS GRANT APPLICATION**

UNIT NAME: _____

MAILING ADDRESS: _____

CONTACT'S NAME & TITLE: _____

TELEPHONE: _____ **EMAIL:** _____

NUMBER OF EMPLOYEES: _____

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

OUTLINE PROPOSED BUDGET:

TIME FRAME FOR USING THE FUNDS:

GOALS FOR THE GRANT:

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

Approved By: _____ **Date:** _____

Marie Buckner, Wellness Committee

Amount of Grant: \$ _____

Please send completed application and any other supporting information to Marie Buckner at mbuckner@townofsandwich.net or by fax at 508.833.8045.