

# CAPE COD MUNICIPAL HEALTH GROUP FY 2025 WELLNESS GRANT APPLICATION

Instructions: Please fill out the information below and e-mail to Maggie Downey at [mdowney@capelightcompact.org](mailto:mdowney@capelightcompact.org).

**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:**

**NUMBER OF EMPLOYEES IN UNIT:**

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

## OUTLINE PROPOSED BUDGET:

## GOALS FOR THE GRANT:

1. Acknowledge efforts to increase individual activity levels
2. Draw attention to and encourage participation in CCMHG Wellness Programs

**- FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
**Margaret Downey, Wellness Committee Chair**

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