

WELLNESS PROGRAM GRANT REPORT
Reporting Period: 1st 2nd 3rd 4th Quarter 2026

Municipality/County/Group: _____

Submitted By: _____ **Date Submitted:** _____

Previous Quarter Ending Balance	\$ _____
+ Grant Money Awarded This Quarter	\$ _____
Funds To Report On	\$ _____

<u>Activities Offered this Quarter</u>	<u># People Attended</u>	<u>Items Purchased</u>	<u>- Grant \$ Spent</u>
_____	_____	_____	\$ -
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Incentives and Reimbursements Awarded	_____	_____	\$ -
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Materials Purchased	_____	_____	\$ -
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Evaluation and Comments

Remaining Balance
 \$ _____
 (carry forward to next quarter)

*This form must be completed and returned to Wellness Works
 before funding can be considered for the next quarter*
 Wellness Works, Maine Municipal Employees Health Trust, 60 Community Drive, Augusta, ME 04330