

**WELLNESS PROGRAM GRANT -- PLAN AND ITEMIZED BUDGET**

**1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      4<sup>th</sup>      Quarter 2023** (please circle one)

(This form must be completed before funding can be considered for this quarter)

**MUNICIPALITY/COUNTY/GROUP:** \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date submitted: \_\_\_\_\_

**Presentations, Activities, Contests**

**Estimated Cost**

**-Give a brief description of planned activity** \_\_\_\_\_

Speaker (if applicable) \_\_\_\_\_ \$ \_\_\_\_\_

Materials \_\_\_\_\_

Rewards \_\_\_\_\_

Snacks \_\_\_\_\_

Estimate # Attending \_\_\_\_\_

**-Give a brief description of planned activity** \_\_\_\_\_

Speaker (if applicable) \_\_\_\_\_

Materials \_\_\_\_\_

Rewards \_\_\_\_\_

Snacks \_\_\_\_\_

Estimate # Attending \_\_\_\_\_

**-Give a brief description of planned activity** \_\_\_\_\_

Speaker (if applicable) \_\_\_\_\_

Materials \_\_\_\_\_

Rewards \_\_\_\_\_

Snacks \_\_\_\_\_

Estimate # Attending \_\_\_\_\_

**Rewards**

If you need incentives rewards from *Wellness Works*, please complete the **Incentive Rewards Order Form** (a copy is located on [www.mmeht.org](http://www.mmeht.org) under Wellness, then Wellness Committee Resources) and return it to: Health Promotion Assistant, *Wellness Works*, MMEHT, 60 Community Dr., Augusta, ME 04330, or fax the form to (207) 624-0126, or email to [Wellness\\_Department@memun.org](mailto:Wellness_Department@memun.org).

**Other Reimbursements**

Quantity	Description	
_____	_____	_____
_____	_____	_____

**Misc. Materials (Books, Videos, Pamphlets, Newsletters, etc.)**

Quantity	Description	
_____	_____	_____
_____	_____	_____

<b>Total Funds Requested</b>	\$ _____
<b>Remaining Balance From Previous Reporting Period</b>	( _____ )
<b>Total Grant Award</b>	\$ _____