

WELLNESS PROGRAM GRANT -- PLAN AND ITEMIZED BUDGET

1st 2nd 3rd 4th Quarter 2024 (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 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.

Other Reimbursements

Quantity	Description	
_____	_____	_____
_____	_____	_____

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

Quantity	Description	
_____	_____	_____
_____	_____	_____

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