

**WELLNESS PROGRAM GRANT REPORT**  
**Reporting Period: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Quarter 2024**

**Municipality/County/Group:** \_\_\_\_\_

**Submitted By:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Previous Quarter Ending Balance	\$ _____
+ Grant Money Awarded This Quarter	\$ _____
<b>Funds to report on</b>	<b>\$ _____</b>

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

**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*