



60 Community Drive | Augusta, ME 04330-9486
(207) 621-2645 or 1-800-852-8300 | www.mmeht.org

**APPLICATION FOR WELLNESS PROGRAM GRANT
JANUARY 1, 2024 - DECEMBER 31, 2024**

Return to: Anne Charles, Health Promotion Manager
Wellness Works
Maine Municipal Employees Health Trust
60 Community Drive
Augusta, ME 04330

From: _____
Name _____ Phone _____
Title _____
Municipality/Organization _____ Wellness Coordinator's E-mail Address _____
Address _____

The _____ (name of Town/City/County/Special District/Authority) presents the following application for the MMEHT Wellness Incentive Grant.

1. This application was approved by the Town Manager/City Council/Board of Selectmen/County Commissioners/Board of Directors or Trustees/Executive Director on _____.
2. The Program Coordinator is _____.
3. Wellness Committee Members and Departments represented are:

<u>Name</u>	<u>Department</u>	<u>Name</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Committee Meeting times are: _____.

5. The _____ (name of Town/City/County/Special District or Authority) agrees to:
- a. Spend the Wellness Incentive Grant money only on health promotion programs;
 - b. Offer the programs listed above at times convenient for employees and to encourage their participation;
 - c. Forward reports to the Health Promotion Manager at the beginning of each three-month period (January, April, July, and October) for the previous quarter;
 - d. Allow Wellness Coordinator or a Wellness Committee member to attend the annual Wellness Conference; and
 - e. Should the program be terminated or discontinued before completion of all planned activities or should the participating member or group discontinue participation in the Maine Municipal Employees Health Trust health plan, the balance of budgeted monies not expended in accordance with the itemized budget must be returned to the Maine Municipal Employees Health Trust.
6. Funds will be distributed four times a year (January, April, July, and October) upon receipt of the group's grant report for the preceding quarter and approval of a fund request for the upcoming three (3) month period.

Proposal submitted on: _____

By: _____
Name (Town Manager/Official)

Title

Please provide a **Program Plan** and **Budget Estimate for the entire year**. Education programs, on-site exercise classes, special events, incentives/recognition awards and health education materials should be listed.

- An education program should be planned for each quarter.
- You may budget for travel to the Annual Wellness Conference.

Activities/Item

<u>January – March</u>	<u>Estimated Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>April – June</u>	<u>Estimated Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>July - September</u>	<u>Estimated Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>October – December</u>	<u>Estimated Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ESTIMATED TOTAL COST FOR 2024* \$ _____

**Please remember: This is only a projection, and may be subject to change.*

TOTAL GRANT FUNDS AVAILABLE FOR 2024: _____ *

*Contact Anne Charles by email at acharles@memun.org for your group’s available grant fund amount.