

**SOUTHEASTERN MASS. MUNICIPAL HEALTH GROUP
FY 18 WELLNESS GRANT APPLICATION**

UNIT NAME: _____

MAILING ADDRESS: _____

CONTACT'S NAME & TITLE: _____

TELEPHONE: _____ **EMAIL:** _____

DESCRIPTION OF HOW THE FUNDS WILL BE USED (PLEASE BE SPECIFIC):

AMOUNT REQUESTED:

TIME FRAME FOR USING THE FUNDS:

GOALS FOR THE GRANT:

MADE PAYABLE TO: _____

-----**FOR OFFICE USE ONLY**-----

Approved : _____ **Denied:** _____

If denied- Reason for denial: _____

Approved by: _____ **Date:** _____

Amount approved \$ _____