

***Block Island Wellness Coalition Mini-grant Application***

Name of Organization and Group Contact Person (required)

Email (required)

Contact cell phone and mailing address (required)

Date and Duration of Program, event or activities (required)

Purpose of program, event or activities (required)

Target population (required)

Amount requested of the Coalition (required)

Please describe how you would incorporate the Coalition aim into your program (required)

*[Continue any further information overleaf.]*

Submit to Jill Seppa, Wellness Coordinator. Call 401-654-9960 for information re postal address.