

**Woodbridge Township Mayor's Council on Physical Fitness & Sports**  
**Innovative Wellness Project Grant**

The Woodbridge Township Mayor's Council on Physical Fitness & Sports, in conjunction with the Mayor's Wellness Campaign, is offering grants to individuals and organizations implementing an Innovative Wellness Project.

An Innovative Wellness Project is a program, activity, or public event designed to encourage individuals of any age to learn about or participate in activities that promote a healthy and physically fit lifestyle.

A single grant may range from \$500-\$1,500.

Woodbridge Township is dedicated to supporting comprehensive outreach, education, and fitness programs designed to improve the health of residents of all ages. If you or your organization has a project that fits this objective, you may be eligible for an Innovative Wellness Project Grant from the Mayor's Council on Physical Fitness & Sports.

Eligible Applicants: An applicant can be an individual or an organization serving residents of Woodbridge Township. The project must serve residents of Woodbridge Township.

Eligible Project Types: Funding will be given for projects that involve a wellness-oriented program or program activity that serves residents of Woodbridge Township. Applicants may submit only one program proposal per year.

Procedure: Applicants must obtain and fill out an application and submit one (1) original copy to the Municipal Clerk's Office, 1 Main Street, Woodbridge, NJ 07095.

Deadline: There is no deadline; applications are considered on an ongoing basis as funding is available. Applicants are considered for one grant once every 12 months.

A completed application will consist of:

- Application Summary & Signature Page
- Narrative Page(s) – no more than two (2) pages
  - Describe your project in detail, providing a timeline for implementation.
  - How will the project promote wellness in Woodbridge Township?
  - Who will benefit from this project?
  - What is your organization's overall purpose?
- Budget Page(s)
  - Please provide a detailed breakdown of project costs; if you have equipment purchase information (i.e. quotes/prices), please include as part of submittal.

**Application Summary & Signature Page – Innovative Wellness Project Grant**

Applicant Name

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Applicant Address, City, State, Zip

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Applicant Phone

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Applicant Email

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Applicant Website, if any

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Project Title

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Grant Amount Requested

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Project Summary

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Signature/Date

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