



Date: December 4, 2025

To: CJHIF Fund Commissioners

Re: 2026 Wellness Grant Program

For the tenth year in a row, The Central Jersey Health Insurance Fund is excited to offer an opportunity for member entities to apply for a health and wellness grant for eligible employees. The Fund has budgeted \$150,000 for such projects.

To allocate the funds appropriately, each entity interested must provide a detailed description of the wellness plan for the Fund year. Please include timeframes, associated costs that the district will be responsible for, and total grant money requested by the Fund.

The Quick Reference Guide provides details on approved wellness expenses. Only eligible expenses will be reimbursed. If you are uncertain whether an expense qualifies, please reach out to your broker.

Each option must include a Wellness Champion/Leader to encourage engagement and facilitate the program. Please submit who this representative is and an optional stipend for this position.



The Township/Borough of _____ is willing to commit to management resources and will be financially responsible for any wellness expenses outside of the program, including employee incentives. The municipality will also form a Committee that must meet at least twice a year, lead by a Wellness Champion/Leader that has the ability to lead and sustain the program after the grant is expended. The Municipality elects

_____ to be its Wellness Champion/Leader who will be paid

\$ _____ for the year.

Applications will be accepted through June 30, 2026. Please send all completed and signed applications to: HIFWellness@permainc.com

Agreed to and authorized by:

Name:	
Title:	
Date:	



Municipality name: _____

Please describe below or attach your desired program.

Detailed description of program	
Location(s) where program will be held	
Implementation timeline	
Other requirements	
Cost	

Agreed to and authorized by:

Name:	
Title:	
Date:	



Central Jersey Health Insurance Fund

PERMA
 c/o Conner Strong and Buckelew
 PO Box 99106
 Camden, NJ 08101

Pay To : _____

Address : _____

Taxpayer Identification # : _____ Purchase Order # : _____

NOTE: All Bills Must Be Properly Certified Before Payment

DATE	ITEMS	TOTAL
	TOTAL OF THIS BILLING	0.00

Claimant's Certification and Declaration

I solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons to my knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and the amount charged is a reasonable one. I further certify that I am an Equal Opportunity Employer and that I have complied with the Affirmative Action regulations issued by the New Jersey Department of the Treasury.

Vendor's Signature _____ Title _____ Date _____

OFFICERS CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; this certification being based on signed delivery slips or other reasonable procedures.

Signature: _____

Title: _____

APPROPRIATIONS OR ACCOUNTS CHARGED		PAYMENT AUTHORIZED
		Payment approved at a meeting on
		Date
		PAYMENT RECORD