



**Pu'ulu Lapa'au**  
Hawai'i Program for Healthcare Professionals

## Healthcare Provider Wellness Program Mini-Grant Application Form

---

Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Program Title: \_\_\_\_\_

Amount Requested (up to \$15,000): \_\_\_\_\_

### **Program Description**

Describe the proposed wellness program, including goals, activities, and timeline.

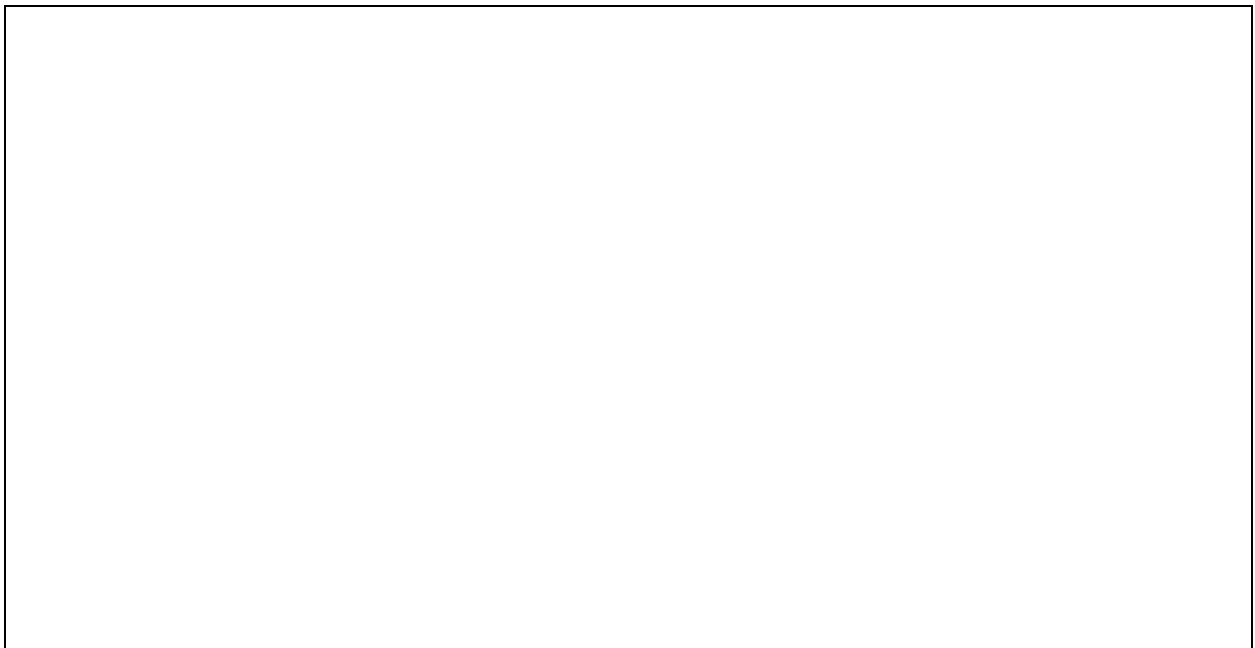
## **Expected Outcomes and Evaluation**

Describe expected outcomes and how program success will be measured.



## **Accessibility**

Describe how healthcare professionals across Hawai'i will be able to access the program.



## **Organizational Capacity**

Describe the organization's experience implementing similar initiatives.

## **Budget and Budget Narrative**

Provide a detailed budget and explanation of expenses. Attach additional page/spreadsheet if needed.

**Please submit applications by June 1, 2026 to: [operations@hawaiiphp.org](mailto:operations@hawaiiphp.org)**