

WORKSITE WELLNESS PARTNER PROJECT APPLICATION 2017-2018			
<b>Organization:</b>			
<b>Contact:</b>		<b>Business Agent:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>	<b>Zip Code:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Fax:</b>		<b>Fax:</b>	
<b>Project Lead (If different than Contact):</b>			
<b>Total Number of Employees:</b>			
<p>I submit this partner project application with Living Healthy Washington County (LHWC) and the Statewide Health Improvement Partnership on behalf of the organization listed above. If approved for funding my organization will provide a 10 percent match of the total funding amount being requested. As the organizational representative, I agree my project lead will fully participate in the assessment and evaluation process, including but not limited to submitting reports and invoices on time and information as requested. Additionally, the project lead will follow all application guidelines for use of funds if awarded.</p>			
<b>Organizational Representative Signature:</b>			
<b>Date:</b>			
<b>Has your organization ever received LHWC-SHIP funding?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT DESCRIPTION			
<b>1. A) Please select one focus area below that your project will address. If choosing Organizational Planning you may select one other focus area below to work on.</b>			
<input type="checkbox"/> Organizational Planning & Structure (which may include some or all of the following activities) <ul style="list-style-type: none"> <li>• Recruit &amp; engage leadership</li> <li>• Convene worksite wellness advisory group</li> <li>• Conduct comprehensive worksite assessment</li> <li>• Develop a vision and brand</li> <li>• Create comprehensive wellness plan with measurable goals</li> <li>• Establish or measure policy, environment and social supports for employee wellness.</li> </ul> <input type="checkbox"/> Physical Activity <ul style="list-style-type: none"> <li>• Tai Ji Quan Moving for Better Balance*more information provided on Application Guidelines</li> </ul> <input type="checkbox"/> Nutrition <input type="checkbox"/> Tobacco-free environments and cessation support <input type="checkbox"/> Breastfeeding support			

**Return completed application electronically by November 30, 2017 to:** Chris Fennern, Washington County Department of Public Health and Environment, [Chris.Fennern@co.washington.mn.us](mailto:Chris.Fennern@co.washington.mn.us)

**B) Describe how your project incorporates any of the following changes:**

- **Policies - (what standards or guidelines will be developed, proposed, or implemented?) Example: updating the tobacco policy to increase the distance for smoke free entrance policies from 25 feet to 50 feet.**
- **Systems change - (how does the project impact multiple processes, departments or the entire organization?) Example: assessing availability of healthy choices currently offered in vending machines and working with vending company and contract process to increase number of healthy options by at least 20% with a goal of 75% by January 2019.**
- **Environmental - (how has the workplace or facility been changed to improve health?) Example: implementing supports that promote physical activity at work by allowing walking meetings and/or providing designated space for onsite locker rooms or fitness classes.**

**C) Please provide a brief explanation of how this project will improve employee health? If applicable please include any supporting data here.**

**ORGANIZATIONAL OVERVIEW**

**2. Please describe your current employee wellness program and how it will support the proposed partner project.**

**3. Besides the lead agency, please list any partners that will be involved in the project and what their role will be. Add additional lines as needed.**

Name:	Agency/Position:	Role in Project:

## DEMOGRAPHICS AND REACH

### 4. Tell us about your employee population.

My worksite has employees of diverse populations

Yes (please explain) \_\_\_\_\_

No

The majority of our employees are over the age of 45

Yes

No

Will this initiative be implemented at multiple work locations in Washington County? If yes, please list locations: \_\_\_\_\_

## GOALS

### 5. What are the goals of your project? What do you hope to achieve by the end of October 2018? Example: *By October 31, 2018 the (applicant name) will obtain permission to establish an employee wellness committee, identify and invite potential members, establish meeting schedule, and facilitate monthly meetings.*

### 6. How will you sustain the project, initiative or policy beyond SHIP funding?

### 7. Please complete the action plan on the following page for your project initiative. Requirements and responsibilities of project lead are provided in the last two rows in black font and must remain in the action plan. Please refer to the Application Guidelines for funding information, additional definitions and examples. If funded, LHWC Staff will work with you to finalize this action plan to prepare it for the contracting process. Add additional rows as needed.





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Project lead will complete invoices and reimbursement forms while ensuring work plan activities are being completed.	Invoice Options Include: Monthly Mid-point Final	The 10 of Each Month January- October 2018	
Project lead will provide quarterly updates and complete Final Evaluation Report.	Provide quarterly updates and complete Final Evaluation Reports	01/2018 06/2018 10/2018-Final	

*\*Refer to application guidelines for list of allowable expenses.*

**TOTAL AMOUNT  
REQUESTED:  
UP TO A MAXIMUM  
AMOUNT OF: \$5,000**

**IN-KIND CONTRIBUTIONS**

**Applicants must provide a 10 percent match of the total funding amount being requested. Please summarize in-kind contributions or other funding sources below. Must include dollar amounts. (i.e. staff time, supplies, equipment, etc.):**

**10% Match Required:**

**Other in-kind contributions:**

**Total in-kind contributions: \$**

For questions contact Lia Burg at 651-430-6675 Lia.burg@co.washington.mn.us

If you need assistance due to disability or language barrier please call 651-430-6001 (TTY 651-430-6246) AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYEE 10/17

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