

Healthy Workplace Initiatives Fund Program Application Form

Thank you for your interest in the Healthy Workplace Initiatives Fund Program.
Applications will be accepted from March 5- April 7, 2025; at 5:00 pm

Please review the initiative criteria, eligibility, and guidelines or contact us before applying.

- HWIP is based on a reimbursement model. All successful departments will need to cover the cost of the initiatives upfront and then submit receipts for reimbursement. Reimbursement will only be made to the UBC faculty/school/department account.
- As your senior leader sign-off will be required for your application to proceed, please ensure that you build this into your application timeline. **Approvals are due on April 7, 2025.**

Q3 Department /Unit Name *(In full, no abbreviations)*

Q4 Faculty or Administrative (VP) Unit

Q5 Campus or work site location:

Q6 Application Lead 1

Name:

UBC Email:

Q7 Application Lead 2 (Optional)

Name:

UBC Email:

Q8 Has your department/unit received HWIP funding in the last 2 years?

Yes

No

Not sure

Q9 Please indicate your chosen initiative:

Art and Creative Expression

Bike Share

Community Garden

Inclusive Wellbeing

Innovative New Idea

Mental Health Training

Nutrition and Healthy Eating

Team Health Challenge

Yoga/Fitness Classes

Q10 Amount requested:

Q11 How many people do you anticipate will participate in your initiative?

If Please indicate your chosen initiative: = Art and Creative Expression

Or Please indicate your chosen initiative: = Bike Share

Or Please indicate your chosen initiative: = Community Garden

Or Please indicate your chosen initiative: = Inclusive Wellbeing

Or Please indicate your chosen initiative: = Mental Health Training

Or Please indicate your chosen initiative: = Nutrition and Healthy Eating

Or Please indicate your chosen initiative: = Team Health Challenge

Or Please indicate your chosen initiative: = Yoga/Fitness Classes

Q12 Describe Your Proposed HWIP Initiative

- What workplace wellbeing challenge or opportunity does your initiative address?
- Describe the specific ways your project will enhance employee wellbeing. Consider how your initiative will foster a healthier workplace culture, and reduce barriers to participation
- Outline the primary goals of your initiative. List key activities, events, workshops etc. that will be implemented to achieve these goals.

Proposed HWIP initiatives should go beyond one-time workshops, activities, or events. Funding will not be provided for single events or proposals primarily focused on team socials. Please limit your response to no more than 500 words

Answer only if your chosen initiative is Innovative New Idea

Q13 Describe your proposed HWIP Initiative and how it's different from the other categories

- What workplace wellbeing challenge or opportunity does your initiative address?
- Describe the specific ways your project will enhance employee wellbeing. Consider how your initiative will foster a healthier workplace culture, and reduce barriers to participation.
- Outline the primary goals of your initiative. List key activities, events, workshops etc. that will be implemented to achieve these goals.

Proposed HWIP initiatives should go beyond one-time workshops, activities, or events. Funding will not be provided for single events or proposals primarily focused on team socials. Please limit your response to no more than 500 words

Answer only if your chosen initiative is Inclusive Wellbeing

Q14 What are some unintended potential impacts (positive or negative) of this initiative in your unit/department? What ideas or plans do you have to minimize the unintended negative impacts of this initiative?

Answer only if your department/unit received HWIP funding in the last 2 years

Q15 Please explain why you are applying for HWIP funding again and how does this initiative expand on or strengthen previous efforts? Additionally, what actions have you taken or plan to take to ensure the long-term sustainability of this initiative beyond HWIP funding?

Q16 **Please share a high-level budget for your proposed initiative.**

* Please refer to the funding exclusions section of your chosen initiative's toolkit to ensure you are including approved costs in your proposed budget.

Q17 **Needs Assessment:** Outline the steps taken to determine the fit and suitability of the selected initiative. Select all that apply

- Workplace Survey
 - Consultation with unit/department
 - Workplace Experiences Survey results
 - Strategic alignment
 - Current department climate
 - Other, please describe
-

Q18 Workplace Impacts:

Please rank the intended impacts your department hopes to achieve through this program from 1 to 7

- _____ Reduced work stress among staff/faculty
 - _____ Promoting and sustaining a culture of wellbeing
 - _____ Encouraging the development of skills and knowledge
 - _____ Increasing team building opportunities
 - _____ Program sustainability
 - _____ Recognition and support of workplace wellbeing from senior leaders
 - _____ Other (please specify)
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Q19 Program Sustainability:

HWIP funds provide seed funding and support for health-related, sustainable initiatives. How will the initiative be sustained beyond the funding period? What strategies are in place to ensure the continuation of the initiative after the funding ends?

Examples can include, commitment from senior leaders to match/co-fund the program, and ideas for how to keep wellbeing programs going beyond the funding round.

Q20 Financial Information:

The HWIP fund is based on a reimbursement model. All successful departments will need to cover the cost of the initiatives up front and then submit receipts for reimbursement. Indicate the Workday tags for funds transfer if your application is funded)

- Workday tags (fund and cost center/program/project/grant/gift/gift initiative)
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Q21 Senior Leader Endorsement:

Please note that you will be provided with instructions for how to arrange for senior leader sign off upon completion of this survey.

Name: _____

Title: _____

Department/unit: _____

Email: _____



Q22 Applicant Acknowledgment If your application is successful, you agree to the following (required). Please indicate your agreement by checking the following items and signing at the end of this section

Acknowledge that this initiative is funded by the HWIP program at any events, or in any publications, reports, or promotional materials.

Provide a final report at the end of the funding period. The final report template will be shared with successful applicants.

Adhere to HWIP funding and reimbursement requirements

End of Block: Default Question Block
