

Healthy Workplace Initiatives Program Application Form

Thank you for your interest in the Healthy Workplace Initiatives Program.

Apply by April 22, 2022, at 4 pm

Upon submission, you will receive a confirmation email containing a copy of your responses along with instructions for senior leader sign-off.

Department /Unit Name:

(In full, no abbreviations)

Campus or work site location:

Application Lead 1

Name: _____

Email: _____

Application Lead 2

Name: _____

Email: _____

Has your unit received HWIP funding in the last 3 years?

- Yes
 - No
 - Not sure
-

Please indicate your selected initiative:

- Innovative New Idea
 - Art and Creative Expression
 - Bike Share
 - Community Garden
 - Mental Health Training
 - Nutrition and Healthy Eating
 - Team Health Challenge
 - Yoga/Fitness Classes
-

How many people do you anticipate will participate in your initiatives? (total estimate)

Please describe your proposed initiative if Initiative New Idea is chosen :

Be sure to indicate how it is different from the other available options and to include a sample budget.

Please describe your proposed initiative:

Needs Assessment:

Describe what efforts were made to determine the fit and suitability of the selected initiative.

Possible details to include consultations, WES results, current department climate, strategic alignment, etc...

Workplace Impacts:

Please indicate the main goals that your department hopes to achieve through this program by ranking them 1-7.

- 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)

Outcomes:

Describe how you will know that your program has been successful.

Program Sustainability:

Please describe commitments/efforts to ensure ongoing support for this program after the funding has been used.

Examples include revenue-generating ideas, commitment from senior leaders to match/co-fund the program, ideas for how to keep wellbeing programs alive, etc...

I feel that we have adequate resources (in addition to the funding) to ensure our success.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Financial Information:

The HWIP fund 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.

- Workday tags (fund and cost center/project/grant/gift/gift initiative)

Senior Leader Endorsement:

Please note that you will be provided with instructions for how to arrange for a senior leader to sign off

upon completion of this survey.

Name: _____

Title: _____

Department/unit: _____

Email: _____

Sample