HWIP Application Form

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

**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)*

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**Faculty or Administrative (VP) Unit**

**Campus or work site location:**

**Application Lead 1**

* Name: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* UBC Email: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Lead 2 (Optional)**

* Name: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* UBC Email: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Yes (1)
* No (2)
* Not sure (3)

**Please indicate your selected initiative:**

* Art and Creative Expression (1)
* Bike Share (2)
* Community Garden (8)
* Inclusive Wellbeing (9)
* Innovative New Idea (3)
* Mental Health Training (4)
* Nutrition and Healthy Eating (5)
* Team Health Challenge (6)
* Yoga/Fitness Classes (7)

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**Amount requested**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Please describe your proposed initiative and how it will support and enhance wellbeing in the workplace. Be sure to indicate how it is different from the other available funding categories**

Effective health initiatives involve more than one-time workshops, activities, or events. They must include a multi-pronged approach aimed at reducing barriers and increasing opportunities for UBC staff and faculty to implement healthy behaviours. *Please limit your response to no more than 500 words*

**Needs Assessment:**
Outline the steps taken to determine the fit and suitability of the selected initiative. Provide details such as consultations, surveys, Workplace Experiences Survey results, current department climate, strategic alignment

**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 (1)

\_\_\_\_\_\_ Promoting and sustaining a culture of wellbeing (2)

\_\_\_\_\_\_ Encouraging the development of skills and knowledge (3)

\_\_\_\_\_\_ Increasing team building opportunities (4)

\_\_\_\_\_\_ Program sustainability (5)

\_\_\_\_\_\_ Recognition and support of workplace wellbeing from senior leaders (6)

\_\_\_\_\_\_ Other (please specify) (7)

**Program Sustainability:**
*The HWIP funds provides seed fund funds and support for health-related, sustainable initiatives. Please describe commitments/efforts to ensure ongoing support for this program after the funding has been used.*

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

**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.

* Workday tags ( fund and cost center/program/project/grant/gift/gift initiative) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Title: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department/unit: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**These additional questions will appear if you indicate your selected initiative is innovative new idea or inclusive wellbeing**

**Please share a high-level estimated budget of your proposed initiative**

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

**How will this initiative affect the quality and responsiveness of care for your workplace?**

**Please share a high-level estimated budget of your proposed initiative**