

WELLNESS@WORK GRANT PROGRAM

2020 APPLICATION FORM

CONTACT INFORMATION

Department/Group Name(s):

Campus or Work Site:

Contact Person 1

Name:

Title:

Email:

Phone Number:

Contact Person 2

Name:

Title:

Email:

Phone Number:

PROGRAM OR INITIATIVE DESCRIPTION

Title of program, idea or theme:

Please describe your proposed idea in detail. Specify the goals of the initiative.



IMPROVE LIFE.



How often and for how long will the initiative run? (ex. One class/week for 12 weeks starting in May.)

How many staff and/or faculty within your department/group will have the opportunity and are anticipated to participate or take part in this initiative?

PROGRAM ALGINMENT

Please identify which element(s) of a healthy workplace your proposal fits within and explain how it aligns.

Healthy Lifestyle

Mental Health and Workplace Culture

Organizational Social Responsibility

In what ways does this proposal help bring to life the university's commitment to the [Okanagan Charter: An International Charter for Health Promoting Universities and Colleges](#)?

NEEDS ASSESSMENT

How did you determine that this is the best initiative for your staff/faculty health needs? What type of needs assessment or consultation has been done to verify interest in this program? (ex. A survey, brainstorming session, team meeting, etc.)

HEALTH BENEFITS

What are the anticipated health benefits of your program or idea? Why would participants in your department/group or unit benefit from the proposed initiative?

PROGRAM EVALUATION

Please describe what outcomes you are hoping to achieve through this initiative? What will success look like?

How will you evaluate the success of your initiative?

PROGRAM SUSTAINABILITY

How might this initiative continue to be supported or implemented by the department/group in the future?

PROPOSED BUDGET

Successful applicants will have to submit their expenses including invoices and receipts, which will be used to reimburse the department/group for the agreed upon expenses.

Item Name	Quantity	Brief Description	Estimated Cost
TOTAL AMOUNT REQUESTED			\$

Please list any additional sources of funding to help make this initiative successful (department/group matching funds, other grants, in-kind donations, etc.).

Item Name	Quantity	Brief Description	Estimated Cost
TOTAL AMOUNT IN-KIND			\$

DEPARTMENT/GROUP COMMITMENT

If our grant proposal is successful, I _____ agree to work with my department to cover the up-front costs of the program, meet all project deadlines and submit a final evaluation report to share key highlights from our initiative. These findings may be shared publicly through the Wellness@Work website and other University of Guelph communications. The final report template will be provided and will include:

- a summary of the initiative
- any tools or promotional materials developed with the grant
- a positive story resulting from the initiative
- any evaluation feedback
- supplemental materials such as photos, videos, etc.

Yes, I agree. Signature of applicant(s):

AVP OR DEAN ENDORSEMENT

Name:

Title:

Department/Group:

Campus Location:

Email:

Phone Number:

Signature of AVP or Dean:

Please email your completed PDF application form to sjooose@uoguelph.ca or drop a printed copy off in Human Resources with attention to Sarah Jooose. All applications are due by March 30th, 2020 at 4:30pm.

Thanks for your application! All applicants will be notified of the review committee’s decision by April 30th, 2020.

Successful grant recipients will also be invited to the Wellness@Work Grant Program Celebration in April to recognize their accomplishments, share ideas and learn about the other wellness programs that have taken place at the University of Guelph.