



WELLNESS GRANT 2020 APPLICATION

Please submit all required 2020 Wellness Grant documents to MyBenefits@saccounty.net no later than March 27, 2020.

The completed application includes:

- 2020 Wellness Grant Application (page 1)
- “Culture of Health” Facility Assessment worksheet for all eligible Work Units (pages 2-4)
- Department Wellness Plan for focusing on specific health-related areas (pages 5-8)
- 2020 Wellness Grant Sample Budget for spending the grant money (\$3,000) on employee wellness programs (page 9)

1) **DEPARTMENT:** _____

2) **WORK UNITS**

Check here if Department has only one Work Unit. Write your Work Unit in Line A) below.

If multiple Work or Business Units, indicate each Work or Business Unit(s) covered by this Wellness Plan and complete Facility Assessment for each unit.

A) _____

B) _____

C) _____

D) _____

E) _____

F) _____

3) **DEPARTMENT WELLNESS CHAMPION:** _____

Signature: _____

Email/Phone: _____

4) **DEPARTMENT / DIVISION MANAGER:** _____

Signature: _____

Facility Assessment 2020

Provide the results of your Department/Division Facility Assessment. Mark the boxes for each item present at each Work Unit or Business Unit. Tally the total of items present for each Work Unit and fill in below.

	Work Units or Business Units					
ORGANIZATIONAL COMMITMENT (4)	A	B	C	D	E	F
Department will have at least one designated Department Wellness Champion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department has encouraged at least 1 Wellness Activity or team participation in a Wellness Activity during the previous calendar year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department has established processes for distributing wellness program information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Organizational Commitment action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

	Work Units or Business Units					
PHYSICAL WORK ENVIRONMENT (6)	A	B	C	D	E	F
A fully equipped break room (access to a microwave, refrigerator, sink, table/chairs) is conveniently located for employees and appropriately sized to the available workforce at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending Machines at Department or Work Unit offer 50% healthier choices (<u>N/A</u> = Checkmark) <ul style="list-style-type: none"> If Work Unit does not have a vending machine, please check the box. Does not apply to machines in common areas of County buildings or to vending machines located in leased property where county is one of several tenants in the building. <u>If N/A applies, please check the box.</u> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage encouraging Health and Wellness Activities (Healthy Eating, Physical Activity, Stress Management) at Work Unit, please check box <ul style="list-style-type: none"> If county is one of several tenants in leased building, signage is encouraged, but not required, please check the box. If Work Unit is on ground floor or in a single-story building, please check the box. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike racks and/or storage are in or near building at Work Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is outdoor seating at Work Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department intranet and/or bulletin boards at Work Unit provide information and education about: <ul style="list-style-type: none"> Organizational policies and programs that promote health and wellbeing and work-life balance; Work-life balance programs and services (ex. EAP, VTO, flex-time, tele-work); Wellness programs and services 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Physical Work Environment attribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

	Work Units or Business Units					
ACCESS TO HEALTHY FOOD (5)	A	B	C	D	E	F
Candy, snacks, and beverages that do not meet nutrition standards area removed from public counters, lobby areas, unattended conference, meeting rooms and break rooms at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a designated area(s) for employees to share food, out of public view at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department-purchased food and beverages for training and meetings offer healthy choices. Pre-packaged food and beverages meet 50% healthier standards. No regular or sugar-added beverages are permitted (See Appendix A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy alternatives to holiday and seasonal candies and sweets are encouraged in common areas at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other healthy food access action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

	Work Units or Business Units					
PHYSICAL ACTIVITY/MOVEMENT (4)	A	B	C	D	E	F
At least one wellness activity included physical activity during the previous calendar year at Work Unit (ex. Department sponsored walk, group exercise class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular stretch breaks are scheduled/organized for meetings and trainings lasting more than 1 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managers at Work Unit has scheduled at least three walking meetings during recent three-month period (ADA exemptions apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical activity action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

	Work Units or Business Units					
MENTAL WELLBEING/WORK-LIFE BALANCE (3)	A	B	C	D	E	F
At least one wellness activity included stress management/mental well-being during the previous calendar year at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and education about the importance of daily work breaks is posted on Department bulletin boards and/or Wellness bulletin boards at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Mental Wellbeing or Work-Life Balance action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

	Work Units or Business Units					
TOBACCO-FREE LIFESTYLE (2)	A	B	C	D	E	F
There is clearly posted No Smoking signage at the building entrance and/or Department entrance at work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department prohibits smoking on County property at Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Tobacco-free action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

EMPLOYEE ENGAGEMENT, EDUCATION, TRAINING (4)	A	B	C	D	E	F
At least one of the following Wellness Services was offered at the Work Unit during the previous fiscal year: <ul style="list-style-type: none"> • Wellness Training/Class • Biometric Screening • Employee Flu Shot Clinic • Department Wellness Bulletin Board updated at least four times during the fiscal year 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors/Managers encourage employees to attend County-sponsored training and events, within Departmental guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department employees at Work Unit can flex their workday to attend Wellness programs and activities on personal time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Employee Engagement, Education, Training activity supporting employee health, wellbeing, and work-life during the previous fiscal year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, briefly explain:						

TOTAL SCORE

Tally up the total items present for each Work Unit or Business Unit below. This assessment is designed to show you areas that you can improve in order to create a culture of health within your department.

- A high score in a certain area means you may have some wellness programs, offerings or services already in place or you have a high readiness to put a wellness program, offering or service in place.
- A low score in a certain area means there is room for improvement in that area in order to make a positive impact on employee well-being.

TOTAL	A	B	C	D	E	F
ORGANIZATIONAL COMMITMENT						
PHYSICAL ACTIVITY/MOVEMENT						
ACCESS TO HEALTHY FOOD						
PHYSICAL ACTIVITY/MOVEMENT						
MENTAL WELLBEING/WORK-LIFE BALANCE						
TOBACCO-FREE LIFESTYLE						
EMPLOYEE ENGAGEMENT, EDUCATION, TRAINING						

DEPARTMENT WELLNESS PLAN

Describe generally how you propose to use the Wellness Grant monies in your Department, at the Work Units identified in #Q2. Please outline one or more defined activities under each of the three sections listed below.

Overweight/Obesity and Diabetes are the two most prevalent health risks currently among County employees. Departments are encouraged to select activities as part of their Wellness Plan that will make a positive impact in these two areas.

In this section, you do not have to place a dollar value on the proposed activity or item. It is, however, important for the Grant Review Committee to know what your top priorities for funding are. This is your section to let the Grant Review Committee know how you plan to address important health areas with the grant funds.

Consider projects or activities that are “possible and doable.”

- It is a project or activity that employees at the identified Work Unit(s) (Q2) can experience and enjoy.
- It can be completed by December 2020.
- It doesn't require significant contingencies in order for it to be completed (e.g. you want to create a workout room, but don't have the space)
- It can be fully funded by the Wellness Grant or, if not, the department is willing to fund all excess costs or get external funding

DEPARTMENT WELLNESS PLAN 2020

Name of Department / Division _____

Section 1: Employees See, Feel and Experience Wellness during the Workday

The Benefits Department encourages your Department to consider supporting activities that accomplish two or more of the following:

- Increases access to healthy food
- Incorporates physical activity and movement into the workday
- Creates opportunities to relax, refresh and refocus
- Increases health awareness
- Incentivizes participation in County Wellness Screenings, Wellness Challenges, or Department sponsored wellness activities

Briefly outline your Work Plan for Section 1. (Limit 1,000 characters)

Section 2: The Physical Work Environment supports healthy habits at work

The Benefits Department encourages your Department to consider supporting one or more of the following Culture of Health items that is listed on the comprehensive COH Facility Assessment. Or you can make other changes that would improve the physical work environment at the identified Work Unit(s)

- Wellness Bulletin Boards posted and updated at least quarterly
- Holiday candies/sweets discouraged (Healthy Breakroom Project initiative)
- Smoking on County property prohibited
- Fitness Center/Workout Room (establish/upgrade)
- Other (describe below)

Briefly outline your Work Plan for Section 2. (Limit 1,000 characters)

Continue Department Wellness Plan on next page.

Section 3: We strive for healthy work practices and an organization that supports work-life balance

The Benefits Department encourages your Department to consider supporting one or more of the following Culture of Health items from the full COH Facility Assessment. Or you can undertake other efforts that create healthier work practices and/or offer a more supportive work environment at the identified Work Unit(s)

- Department Wellness Committee established and meets regularly
- Managers conduct 3+ walking meetings every quarter
- >50% Department participation in Wellness Screening
- Conduct “Take your Workbreak” department-specific campaign at all Work Units
- Department policies regarding alternate work schedules are established/updated/promoted to staff
- Department permits use of County time to participate in wellness activities
- Other (describe below)

Briefly outline your Work Plan for Section 3. (Limit 1,000 Characters)

Continue Department Wellness Plan on next page.

Section 4: Other items

Please list plans for any other Wellness programs, events and resources that you did not list in the other sections. Please provide any other details that you think the Grant Review Committee should know when selecting the grant recipients.

For departments who received the 2019 Wellness Grant and are applying again, please describe how you plan to use the 2020 funds compared to how you used them in the 2019 grant period. Examples of questions to answer include (but are not limited to):

- What health issues do you plan to target and focus on in 2020?
- What do you hope to improve in 2020 with a second year grant?
- What did you learn in the 2019 grant program that you can use to improve your use of grant funds with the 2020 grant program?
- What was your engagement in 2019? And how do you plan to increase engagement and participation?
- Other (describe below)

Briefly describe any other items for Section 4. (Limit 1,500 Characters)

2020 Wellness Grant: Sample Budget

Describe all wellness activities that you plan to spend grant funds on if you receive the grant. We understand that you may not know exact pricing, but please provide an estimate on how much you plan to spend on each item. We can help you secure vendors and get the best pricing available. Also, please provide estimated number of participants for each program (if applicable).

When filling out the Sample Budget, start with items that will make the largest impact and/or will cost the most and then work your way down the budget. Examples of wellness programs include, but are not limited to, biometric screenings, health risk assessments, incentives, exercise equipment, wellness challenges, on-site presentations, on-site fitness classes, on-site cooking demonstrations, etc.

Department: _____

Wellness Champion: _____ **Date:** _____

Activity	Date(s)	# of Participants
	cost	\$
	cost	\$
	cost	\$
	cost	\$
	cost	\$
	cost	\$
	cost	\$
	cost	\$

Appendix A

Beverage and Food Nutrition Standards

Beverage Standards:

- Water, including carbonated water (no added caloric sweeteners)
- Coffee or tea with no added caloric sweeteners (if condiments are provided, sugars and sugar substitutes may be provided and milk/creamer products, such as whole or 2% milk, that have less fat than cream)
- Fat-free or 1% low-fat dairy milk or calcium- and vitamin-D-fortified soymilk with less than 200 calories per container
- 100% fruit juice or fruit juice combined with water or carbonated water (limited to a maximum of 12-ounce container; no added caloric sweeteners)
- 100% vegetable juice (limited to a maximum of 12-ounce container, no added caloric sweeteners, and ≤ 200 milligrams of sodium per container)
- Low-calorie beverages that are ≤ 40 calories per container.

Food Standards:

- **No more than 200 calories per package**
- **No more than 35% calories from fat**
 - Exception: packages that contain 100% nuts or seeds
 - Example: no more than 7 grams of fat for a 200-calorie snack
- **No more than 10% calories from saturated fat**
 - Exception: packages that contain 100% nuts or seeds
 - Example: no more than 2 grams of fat for a 200-calorie snack
- **0 grams trans fat**
- **No more than 35% of calories from total sugars and a maximum of no more than 10 grams of total sugars in the product**
 - Exception: fruits and vegetables that do not contain added sweeteners or fats; and yogurt that contains no more than 30 grams of total sugars per 8-ounce container
- **No more than 200 mg of sodium per package**

Standards developed by National Alliance for Nutrition & Activity:

<https://cspinet.org/sites/default/files/attachment/draftbeveragefoodstandards.pdf>