

ACHIEVE Wellness Lake County – “Worksite” Grant Application
July 2012

GRANT ELIGIBILITY

- Any business located in Lake County, Ohio.
- Must assign a staff person who will be responsible for implementing grant deliverables.
- Previously funded businesses are eligible, unless the business has received two grants in the past.
- One application per business. Each applicant may request up to \$1,500. The total amount available for funding during this grant cycle is \$7,500.

GRANT GUIDELINES

- Grant applications are due on Friday, August 3, 2012; any application that is submitted via regular mail should be postmarked by this date. Successful applicants will be notified by August 20, 2012 and will receive funds in the form of a check by September 1, 2012.
- Application must have a manager's signature.
- The grant cycle is September 1, 2012 to September 1, 2013.
 - Please email, fax, or mail a completed application to Gauri Wadhwa.
 - Email: Gauri.Wadhwa@cancer.org
 - Fax: 877.227.2838
 - Address: 10501 Euclid Avenue, Cleveland, Ohio 44106

OTHER INFORMATION

- For questions or assistance with this grant application, please contact Gauri Wadhwa by email at Gauri.Wadhwa@cancer.org or by phone at 888.227.6446 x1105.

GENERAL INFORMATION

Business Name: _____ **Date:** _____

Street Address: _____ **# of Employees:** _____

Contact Person: _____ **Phone/Email:** _____

NOTE: The contact person should be the individual who will take on the responsibilities of this grant, if awarded.

Sector Type (circle one): Private Public **Profit Type (circle one):** For-Profit Non-Profit

Type of Worksite (circle one):

Retail Sales	Bank/ Credit Union	Restaurant/ Food	Hotel/Motel	Auto/Repair Shop	Gas/ Convenient	Government
Pharmacy/ Drug	Grocery/ Market	Manufacturing	School/ Education	Faith-Based	Healthcare	Other:

PHYSICAL ACTIVITY: Please consider the business' physical environment, internal policies and educational components when answering these questions. NOTE: If you do not see "N/A" as an option, the answer must be a "yes" or a "no".

Environment:			Policy/Education:		
1a. Are there stairs?	Y	N	1b. Is stair use promoted? (e.g. make stairs appealing, post signs to encourage use)	Y	N N/A
2a. Provide onsite fitness classes?	Y	N	2b. Require/incentivize employees to get involved? (e.g. participate in a minimum amount per week, daily walk, cash reward)	Y	N N/A

Environment:			Policy/Education:		
3a. Sidewalk connections? (e.g. are there sidewalks that connect the agency to other areas of the community?)	Y	N	3b. Promote non-motorized commutes? (e.g. biking, walking rather than driving)	Y	N N/A
4a. Public transportation?	Y	N	4b. Enhance access? (e.g. bus stop access within reasonable walking distance)	Y	N N/A
5a. Indoor/outdoor areas for walking?	Y	N	5b. Provide safe area to walk or be active? (e.g. through lighting, signage, designated walking path, etc.)	Y	N N/A
6a. Changing room with shower?	Y	N	6b. Provide clean and inviting room? (e.g. facilities are clean, use of comfortable furniture)	Y	N N/A
7a. Provide bicycle parking (rack)?	Y	N	7b. Encourage use? (e.g. bike days, biking groups)	Y	N N/A
8a. Provide direct support (money, space, time) for physical activity opportunities? (e.g. subsidized fitness classes or memberships)	Y	N	8b. Provide education to employees about the importance of investing in activity for health purposes?	Y	N
			9. Are the same services offered to employees being offered to their families/spouses? (e.g. fitness classes, subsidized fitness memberships)	Y	N N/A

NUTRITION: Please consider the business' physical environment, internal policies and educational components when answering these questions. NOTE: If you do not see "N/A" as an option, the answer must be a "yes" or a "no".

Environment:			Policy/Education:		
1a. Are there meals or food offered? (e.g. onsite cafeteria, food offered at meetings)	Y	N	1b. Institute healthy food and beverage options?	Y	N N/A
			1c. Institute healthy food purchasing practices? (e.g. reduced calories, sodium, fat)	Y	N N/A
			1d. Institute healthy preparation practices? (e.g. steaming, low fat, limited frying)	Y	N N/A
			1e. Offer smaller portion sizes?	Y	N N/A
			1f. Provide cold unflavored drinking water?	Y	N N/A
			1g. Institute nutritional labeling for foods?	Y	N N/A
2a. Are there any vending machines?	Y	N	2b. Institute low calorie food items only?	Y	N N/A
3a. Is there an onsite refrigerator?	Y	N	3b. Encourage access to employees?	Y	N N/A
4a. Is there a microwave onsite?	Y	N	4b. Encourage access to employees?	Y	N N/A
5. Is there land and/or money to provide nutritional services? (e.g. farmer's markets, community garden, cooking classes)	Y	N			
			6. Are the same services offered to employees being offered to their families and spouses? (e.g. cooking/nutrition classes, farmer's market, garden, etc.)	Y	N N/A

CHRONIC DISEASE MANAGEMENT/LEADERSHIP: Please consider the business' physical environment, internal policies and educational components when answering these questions. NOTE: If you do not see "N/A" as an option, the answer must be a "yes" or a "no".

Environment:			Policy/Education:		
1a. Provide routine onsite screening? (e.g.: BMI, hypertension, cholesterol, sugar)	Y	N	1b. Incentivize employees to attend?	Y	N N/A
2a. Provide access to self-mgt programs? (e.g.: weight watchers, diabetes, etc.)	Y	N	2b. Incentivize employees to attend?	Y	N N/A
			3. Promote chronic disease prevention? (e.g.: post signs about health/wellness, wellness board, etc.)	Y	N
4. Provide a wellness coordinator?	Y	N		Y	N
			5. Mission statement incorporates the importance of health and wellness?	Y	N
			6. Objectives/goals incorporate health and wellness?	Y	N
			7. Provide opportunities to educate employees about changes and allow them to provide feedback?	Y	N
8a. Provide a health insurance plan to employees?	Y	N	8b. Encourage/promote employees to get preventive screenings and procedures? (e.g.: prostate, mammogram, pap smear, colonoscopy)	Y	N

The following information should be completed on a separate typed word document and attached this application:

1. In 500 words or less, please explain how you plan to improve the health of your workforce in the coming year, if awarded this grant. Keep in mind that if you answered no to any of the above questions, you may want to consider making improvements so that if you were asked the same questions in one year, you could answer yes. While it may not be feasible to make every possible improvement, the areas highlighted in the questions above are important for consideration. ACHIEVE Wellness encourages each applicant to consider ways to make improvements within the areas highlighted above (physical activity, nutrition, and/or chronic disease management), especially within areas that could be improved.
2. Please include a brief budget description (1 page or less) explaining how you plan to spend the funds, if awarded. Include the total amount you are requesting, up to \$1,500.

Thank you!

Main Staff Contact _____
PRINT

SIGNATURE

Manager _____
PRINT

SIGNATURE