

Well City - Fox Cities Adopt an Employer Grant Program - Application for Funding

Purpose

The Well City – Fox Cities grant program was established to provide support to local employers who have a need and desire to implement and/or sustain a wellness program that promotes physical, emotional and work/life health.

Funding

Grant funding is provided by Anthem, Humana and UnitedHealthcare.

Application Requirements

The Well City – Fox Cities makes charitable grants from the fund established within the Well City – Fox Cities initiative.

To be eligible to apply for a grant, organizations must:

- Be an employer in the Fox Cities (Appleton, Brillion, Buchanan, Clayton, Combined Locks, Forest Junction, Grand Chute, Greenville, Harrison, Hortonville, Kaukauna, Kimberly, Little Chute, Menasha, Neenah, Sherwood, Vandenbroek)
- Provide education and health-based activities that promote health and well-being at the workplace.
- Be a WELCOA member, or be willing to become a WELCOA member, and a member of the Well City - Fox Cities initiative (see attachments).
- Prior grant recipients are eligible to apply.

Application Procedures

A completed application and attachments must be postmarked by **March 15, 2012** and sent to the address below. Selected grant recipients will be notified by **April 6, 2012**. *The selection committee may require an additional face-to-face meeting to finalize the grant recipient(s).* Grants will be awarded at the WCFC Awards Banquet on April 12, 2012. If selected as a recipient, please be prepared to attend.

Well City – Fox Cities
c/o Miller Electric Mfg. Company
1635 W. Spencer St.
Appleton, Wisconsin 54914

Attn: Linda Pintar, Human Resources

Questions regarding the grant application process should be directed to:
Linda Pintar, Well City – Fox Cities | 920.735.4452 | Linda.Pintar@MillerWelds.com

The grant award to your organization from the Well City - Fox Cities is for the explicit purpose(s) described on your application and is subject to your acceptance of the following conditions:

I. Announcing Grants

- A. Announcements of the Well City – Fox Cities ‘Adopt an Employer’ grant shall be made to the grantee by letter from the Well City – Fox Cities Adopt an Employer Committee;
- B. The grantee may make public announcements on their own making specific reference to the Well City – Fox Cities initiative and United Healthcare and Anthem as the source of funding. Copies of such announcements should be sent to the Well City - Fox Cities Adopt an Employer Committee. *Linda Pintar, Miller Electric Mfg Co. 1635 W. Spencer St. Appleton, WI 54914*
- C. Recipients will be asked to be present at the WCFC Awards Banquet held on April 12, 2012 to receive their award.

II. Expenditure of Funds

This grant is to be used only for the purpose(s) described in the grant application. The project is subject to modification only with the Well City – Fox Cities prior written approval.

- A. Unless specifically authorized in writing by the Well City – Fox Cities, expenses charged against this grant may not be incurred prior to the effective date of the grant or subsequent to the termination date, and may be incurred only as necessary to carry out the purposes described in this application.
- B. The grantee organization is responsible for the expenditure of funds and for maintaining adequate supporting records consistent with the generally accepted accounting practices.
- C. Funding may not be used for the purchase of equipment, hiring of staff or incentives not congruent with a healthy lifestyle. First time WELCOA enrollment and renewal membership fees are eligible program costs to be included in this grant.
- D. Well City – Fox Cities Adopt an Employer Committee reserves the right to collect any misused funds.
- E. The grantee shall return to Well City – Fox Cities any unused funds.

III. Reports to Well City Fox Cities

Full financial accounting of the expenditure of these grant funds and narrative reports on the grant supported program(s) are required as a condition of this grant. A mid-year follow up will be provided for completion and review by Well City – Fox Cities Advisory Board. All financial accounting of expenditures should be in writing and submitted to the Well City – Fox Cities Adopt an Employer Committee at the end of the project or one year after grant approval, whichever is sooner.

IV. Share Your Story

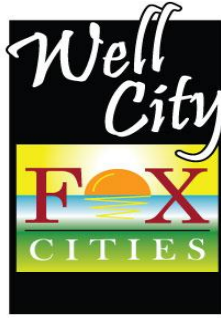
As a grant recipient, you will be invited to share your Wellness Program story with members of the Well City-Fox Cities membership and/or WCFC events.

This signed grant agreement must be included along with your grant application to be eligible for grant consideration and/or to receive grant funds.

Applicant (Name of organization, institution, agency, etc)

Signature of Grant Applicant Contact

Date



www.wellcityfoxcities.com

Adopt an Employer Grant Program - Application for Funding
Application Deadline: March 15, 2012

Contact Information

Company Name: _____ Date: _____

Company Address: _____

Company Contact: _____ Position: _____

Email Address: _____

Phone Number: _____

Company Profile

Select the line of business that most applies to your organization.

Education

Non-for-profit 501(c) (3)
tax-exempt organization

Other (Small Business, <50)

Municipality

Other (Large Business, >50)

Total # of employees: _____

Are you currently a member of WELCOA? Y N

Are you currently a member of the Well City-Fox Cities Initiative? Y N

Funding Request

Amount of funding requested: \$ _____ (*\$2500.00 grant maximum- less amounts may be awarded*)

Wellness Initiatives

Please answer all questions below to be considered as a grant recipient. Copying and pasting these questions into a separate word document to respond is acceptable.

1. Describe the company's Wellness vision/mission.
2. Attach a copy of a signed letter of support by your CEO/Superintendent/Executive Director.
3. How often does your Wellness Committee meet?
4. Provide the name and title of your wellness leader.
5. Provide the name and title of your Wellness Committee members.
6. Provide a brief explanation of what challenges you have experienced in financing health insurance costs and related health enhancements.
7. Provide a brief explanation of your employees' health concerns and health promotion-related interests.
8. Provide a brief history of your health promotion activities. Include a summary of the outcomes.
9. For what program(s) and/or service(s) are you requesting funding from the Well City – Fox Cities Adopt an Employer Grant Fund? Include the projected timeline and who will be served.
10. What are the other sources of income for this particular program/service? If you have requested or are receiving funding from other organizations for this program/service, please list them below and explain the status of your request (pending, approved, denied).
11. Wellness programs have demonstrated that they can impact the following measures. Which of the following outcomes will you measure?
 - Health care and insurance costs
 - Employee absenteeism
 - Work-related injuries
 - Worker compensation and disability claims
 - Employee disease incidence or prevalence
 - Employee turnover
 - Employee morale
 - Other (please describe): _____
13. How will you sustain your health promotion(s) after the grant period?
14. Number of employees targeted to benefit from the program outlined in this application?
15. Submit a copy of your overall wellness program budget.
16. **Prior Recipients Only:** Summarize the impact the grant has made on your wellness program.
17. Additional information you would like the Grant Distribution Committee to consider.