Wellness Grant Application - Sept 2021

Thank you for applying for a wellness grant.

* Current BeWell Champions can apply for a grant, ranging from $200 to $1,000, to fund a workgroup/department level self-directed wellness activity.
* Please make sure that the grant application is developed with, and approved by, your supervisor.
* Incomplete applications/applications with missing data will not be considered. Please contact bewellchampions@stanford.edu with any questions prior to submitting your application.
* All complete applications will go through a review and selection process. Please note that not all applications will be selected.
* Due to the funding source, the majority of people benefiting from the grant has to be benefits-eligible University employees.
* We want as many workgroups as possible to benefit from the wellness grant. We also have limited funding. Consequently, priority will be given to applications submitted by Champions who have not been awarded a wellness grant in the last 12 months.
* If your grant proposal includes a LeadWell class, please make sure to contact Linda at llydon@stanford.edu to confirm the feasibility and price of the class. If your proposal includes a group fitness class, please contact Nikki at ndowning@stanford.edu to confirm the feasibility and price of the class. If your proposal includes the purchase of equipment or use of outside instructors, please confirm the prices and feasibility first.
* All grant recipients will be required to provide periodic reports describing their progress and grant fund use.

Are you a BeWell Champion?

- [ ] Yes

- [ ] No
Does your grant proposal include any of the following? (please check all that apply)

- [ ] Stanford LeadWell class (i.e., health education class brought to your department)
- [ ] Stanford Recreation group fitness class brought to your department
- [ ] Purchase of equipment
- [ ] Bringing in an outside instructor
- [ ] None of the above

Have you contacted Linda at llydon@stanford.edu to confirm the feasibility and price of the LeadWell class?

- [ ] Yes
- [ ] No

Have you confirmed the feasibility and price of the equipment?

- [ ] Yes
- [ ] No

I confirm that the grant application is developed with and approved by my supervisor.

- [ ] Yes
I agree that my name, department, and the description of wellness activity that I have submitted in my application can be displayed in BeWell, BeWell Champions Network, and Wellness grants communications.

- Yes

Because of the funding source, we need to confirm that the majority of people benefiting from the grant are benefits-eligible University employees (i.e., exempt, non-exempt, academic or BU staff and/or faculty. Post docs, fellows, SHC employees are not benefits-eligible University employees). Please confirm below.

- I confirm.

I agree that if I'm a recipient of a wellness grant, I will provide required reports describing our team’s progress and grant fund use.

- Yes

Was your wellness grant application selected in the May 2021 cycle?

- Yes
- No
- NA
Applicant (BeWell Champion) information:

- **Name:**  Walter Wellness
- **Department/Unit:**  BeWell
- **Title:**  Research analyst
- **Email:**  WaltWell@stanford.edu
- **Phone:**  555-5555

Please select your school/ VP area:

- **School/ VP area:**  Alumni Association ... VP for Land and Buildings

Do you have a supervisory role?

- **Yes**
- **No**

What is your position at Stanford?

- **Faculty/academic staff**
- **Exempt staff**
- **Non-exempt staff**
- **Bargaining unit staff**
- **Other**
Sponsoring supervisor information:

- Name:  ______ Rya Resilient
- Department/Unit:  ____ BeWell
- Title:  ____ Manager
- Email:  _____ ryaresil@stanford.edu
- Phone:  _____ 777-7777

Please describe the wellness outcome of your workgroup that you hope to accomplish through this grant (2-4 sentences):

We hope to build a resilience and prevent burnout by learning helpful strategies from a trained instructor and then practicing them together.
Please identify the well-being areas associated with this proposed project. (Check all that apply.)

- [ ] Increased physical activity
- [ ] Healthier eating habits
- [ ] Stress management
- [●] Increased social connections
- [ ] Increased sense of belonging/inclusion
- [ ] Management/prevention of chronic conditions
- [●] Prevention/management of burnout
- [●] Increased resilience
- [ ] Other (please specify)

_________________________________________________

Your requested grant amount:

$710

_____________________________________________________
Please describe how your workgroup will accomplish the goal with the grant funds:

Specific (specific activity(ies) you are proposing):

We will have the LeadWell class RISE from Burnout and then dedicate 10 minutes of our weekly staff meeting for the following 12 weeks to discuss how we’re applying principles from the class to our daily lives. Employees will be encouraged to journal or draw as a way to reduce burnout and improve resilience.

Measurable (process and outcome measures that you will be using to ensure successful implementation of the grant)

We will measure the following:

- When we’ve held the class
- How many participants came to the class
- Satisfaction with the class
- In the 12 weeks following the class, we will track how many meetings we are able to meet our goal of devoting 10 minutes to discuss burnout and how we’re doing with applying strategies to reduce burnout.
- How many employees write/draw in their journal at least once a week (for 12 weeks)

Achievable (how you are going to ensure the proposed activities are achievable):

My supervisor has given approval for staff time to attend the LeadWell class and has said we can devote time during our staff meeting.

Realistic (how are your proposed activities and budget realistic?):

A one hour class to start and then ten minutes each week seems like a realistic amount of time to expect colleagues to devote to this important topic. Of course, those who are more interested will spend more time each work, working to reduce burnout. Journals will be provided.
Time-bound (specific timeframe for your grant goals. Be sure to include your anticipated start date and duration of your wellness activity):

We will schedule the LeadWell class before the end of 2021 and then hold discussions in our meetings for the 12 weeks following the class.

Please describe how this new wellness practice in your workgroup will be sustained after the grant period is over (grant proposal with demonstrated sustainability will be given a priority):

We will sustain the practices learned in the class for the next 12 weeks because we'll be discussing them weekly. Depending on what we learn, we hope to change any workplace policies that contribute to burnout, thus increasing our chances of sustaining what we've learned. Those who are interested will continue to use the journals after the 12 weeks.

How many people are in your workgroup?

- [ ] Less than 10
- [ ] 10-19
- [ ] 20-29
- [ ] 30-39
- [ ] 40-49
- [ ] 50-99
- [ ] 100 or more
Have you checked with your colleagues if they would be interested in participating in the proposed project?

- Yes
- No

What percentage of your colleagues are interested in this proposed wellness activity?

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<th>% of colleagues who are interested</th>
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<td>0</td>
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Please move the bar to indicate your answer

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How many people do you expect will benefit from the proposed project? If different from the number of people in your workgroup, please explain. (For example, not everyone is interested in the topic; family members of employees will also benefit, etc.).

Approximately half of our colleagues are interested in the project, but because of our leadership support, all (or almost all) will attend the class and participate in the weekly meetings. We plan to distribute journals to everyone in our workgroup. Hopefully it will end up benefiting all of them. Their family members will also likely benefit if their loved ones are less burned out. So 20+ people.
Which groups do you expect will benefit from this proposed project? (Check all that apply.)

- Faculty/academic staff (1)
- Exempt staff (2)
- Non-exempt staff (3)
- Bargaining unit staff (4)
- Family members (5)
- Community members (6)
- Other (please specify) (7)

Please describe how this proposed project will contribute to improving the culture of wellness in your workgroup/department.

Employees will be less burned out. They will be more aware of their colleagues’ burnout. As such, they should be better able to support the wellness of those around them, in addition to supporting their own wellness.

Do you have department leadership support for this project?

- Yes
- No
- Not sure
How is your department leadership demonstrating support for this project? (Check all that apply)

- They are on board with this project.
- They are offering financial support to help implement this project.
- They are offering policy support to help implement this project (e.g., approved the use of dedicated time for this project).

Please describe wellness practices that your workgroup/department has already successfully implemented, if any:

We have monthly social zooms, where we catch up with one another. We also have made it a practice to turn our one-on-one meetings into phone calls, rather than zoom (when possible), where walking is encouraged.
Please provide an **itemized budget:**
(Your fund request must align with your goals and activities. Please research all costs involved.
If your application requires the assistance of other departments or partners, please consult them and confirm the potential costs and feasibility before submitting your application. **Grant funds should not be used for incentives for participation, nor for celebrations**).

$400 for LeadWell class “RISE from Burnout”

$310 for 19 journals (our department leadership said they will fund the purchase of journals if there isn’t enough grant money)

Please confirm that the itemized budget above has been confirmed and is accurate.

☐ I confirm.

If your application is selected, we may need to transfer funds to a PTA and contact the PTA approver. Please provide the PTA number that would receive the funds and approver name and email address:

☐ PTA number: 1111111-111-AAAAA

☐ Approver name: Susie Support

☐ Approver email: ssupport@stanford.edu