



Wellness Grant Sample Application

Are you a BeWell Champion?

- Yes
- No

Does your grant proposal include any of the following? (Please check all that apply.)

- A Stanford Healthy Living for Teams class (i.e., health education brought to your workgroup)
- A Stanford Recreation and Wellness group fitness class brought to your department
- Purchase of equipment
- Bringing in an instructor not affiliated with Stanford Healthy Living or Stanford Recreation and Wellness
- None of the above

Have you completed an online request form to confirm the feasibility and price of the Healthy Living for Teams class? (Completing the form does not require you to hold the class if your application is not selected. You must complete the wellness grant application in addition to the online request form.)

- Yes
- No

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

- Yes

Due to limited funding, please confirm that the majority of people benefiting from the grant are benefits-eligible university employees (i.e., exempt, non-exempt, academic, or bargaining unit staff and/or faculty). (Postdocs, fellows, and SHC employees are not benefits-eligible university employees.)

- I confirm.

I agree that if I receive a wellness grant, I will provide the required reports describing our team's progress and grant fund use. If I leave my current role within six months of receiving grant funds, I agree to identify a colleague who will submit the reports after I leave.

- Yes

Did you submit a grant application in any previous cycles?

- Yes
- No

Did you receive grant funding in a previous cycle?

Yes - Please specify grant cycle(s) month and year.

No

Has your workgroup participated in a wellness activity funded by a wellness grant (even if you were not the Champion who applied for it)?

Yes (please specify the activity)

No

Not sure

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.

VP for Human Resources

Do you have a supervisory role?

Yes

No

What is your Stanford affiliation?

Faculty/academic staff

Exempt staff

Non-exempt staff

Bargaining unit staff

Other

Is another BeWell Champion applying for this grant with you?

Yes

No

Is another Champion from your workgroup submitting a separate application?

Yes (please specify the name of the Champion)

No

Not sure

Sponsoring supervisor information:

Name: Rya Resilient

Department/Unit: BeWell

- o Title: Manager
- o Email: ryaresil@stanford.edu
- o Phone: 777-7777

Please describe the wellness outcome that you hope to accomplish with your workgroup through this grant (just a few sentences).

To manage stress and increase employee engagement through the Healthy Living for Teams class: Strategies for Flourishing Under Pressure During Transitions and Uncertainty.

Please identify the areas of well-being 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)

Please state your requested grant amount. (In light of the cost-effectiveness of the grant, a budget of less than \$50 per person is strongly encouraged; less than \$35 is even better.)

\$400

Please use the prompts below to describe how your workgroup will accomplish the goal with the grant funds.

Specific: Name the specific activity you are proposing.

We will have the Healthy Living for Teams class Strategies for Flourishing Under Pressure During Transitions and Uncertainty 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 and work practices.

Measurable: Define the process and outcome measures you will be using to ensure successful grant implementation.

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 achieve our goal of devoting 10 minutes to either a mindfulness practice and/or discussing how we're applying techniques learned in the class to better manage uncertainty at work and home.

- The number of employees participating in the staff meeting discussions (for 12 weeks).

Achievable: How are you going to ensure the proposed activities are achievable?

My supervisor has approved staff to attend the Healthy Living for Teams class and devote time to our wellness practices during our staff meetings.

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 week working on cultivating mindfulness and practicing the other strategies.

Time-bound: State the specific timeframe for your grant goals. Be sure to include your anticipated start date and duration of your wellness activity. Keep in mind that funding decisions will be shared on April 15.

We will schedule the Healthy Living for Teams class by July 2024 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 proposals with a well-defined sustainability plan will be prioritized.)

We will sustain the practices learned in the class for the next 12 weeks because we'll be discussing them weekly. Building on what we learn in the class, we will adopt workplace policies that promote resilience in the face of change, thus increasing our chances of sustaining what we've learned.

How many people are in your workgroup? (Please provide your best approximation.)

15

Have you checked with your workgroup if they would like to participate in the proposed project?

Yes

No

Approximately what percentage of your workgroup is interested in this proposed wellness activity?

80%

Approximately how many benefits-eligible university employees do you expect to benefit from this proposed wellness activity? (Please include the number of employees within your work group and those in other workgroups who might participate. If this activity will lead to changes in workgroup practices, include all who would benefit from those improved practices. Please only count benefits-eligible university employees.)

Twenty. Even though only 12 colleagues said they were interested, all 15 employees of the

workgroup will attend the class and participate in the weekly meetings because of leadership support (i.e., the class and weekly meetings will happen during our regular meeting times). We also anticipate that at least five of our stakeholders (not directly in our workgroup) will benefit from the activity because we will be less stressed and have higher-quality interactions with them.

Which groups do you expect will benefit from this proposed project? (Check all that apply.)

- Faculty/academic staff
- Exempt staff
- Non-exempt staff
- Bargaining unit staff
- Family members
- Community members
- Other (please specify)

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

Employees will practice better change management and feel less stressed in the face of uncertainty. They will be more aware of and better understand their colleagues' reactions. We plan to update workgroup processes to reflect the learnings from the class. Employees will be better able to support the wellness of those around them and 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. (Please specify how.)
Our leadership has been concerned about staff well-being and was very supportive of this grant project idea when it was presented to them. They are encouraging me to apply.
- They are offering financial support to help implement this project. (Please specify how.)
Our leadership has committed to providing supplemental funds for light snacks at the staff meetings.
- They are offering policy support to help implement this project (e.g., approved the use of dedicated time for this project). (Please specify how.)
Our leadership approved using one of our staff meetings to hold the Healthy Living for Teams class and 10 minutes of our weekly staff meeting for the subsequent 12 weeks after the class.

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

We have monthly social Zoom meetings 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 or celebrations.)

\$400 for Healthy Living for Teams class Strategies for Flourishing Under Pressure During Transitions and Uncertainty.

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

I confirm.

I have not yet received final confirmation on pricing, but I will email bewellchampions@stanford.edu with the final pricing before March 15.

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, with the approver name and email address. Confirm the PTA number with your finance person before submitting your application to avoid potential problems with the funds transfer, should your application be selected.

PTA number: 1111111-111-AAAAA

Approver name: Susie Support

Approver email: ssupport@stanford.edu