

STATE OF COLORADO

Bill Ritter, Jr., Governor
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

July 19, 2007

Dear Colleague:

Since worksites represent an ideal venue for a multi-disciplinary effort to improve employees' physical activity and nutrition behaviors, the Colorado Physical Activity and Nutrition (COPAN) Program at the Colorado Department of Public Health and Environment is pleased to announce the availability of worksite health promotion grants. These grants are designed to assist Colorado worksites in building comprehensive worksite wellness programs, using the Wellness Councils of America (WELCOA) Well Workplace model (www.welcoa.org).

Grants of \$4,000 each will be available to organizations to implement programs that will help their worksite become a Well Workplace. Although not required, all grant recipients are highly encouraged to apply for a Well Workplace designation.

The grant application is attached. Grants will be awarded based on criteria detailed in Attachment D of this application. **Grant proposals must be received no later than 5:00 p.m. on Monday, August 20, 2007.**

You are encouraged to share this information with other staff within your organization and to collaborate with partners outside of your organization on the completion of the grant proposal. COPAN also offers grants focusing on breastfeeding, early childhood, school sites, and active community environments. For more information, see the Livewell Colorado website at www.livewellcolorado.com.

For questions about COPAN or the worksite grants, please e-mail chris.torizzo@state.co.us or call (303) 692-2430. The staff of the Colorado Physical Activity and Nutrition Program looks forward to working with you to improve the health of all Coloradans.

Chris Torizzo, MPH, Worksite Coordinator
Colorado Physical Activity and Nutrition Program

PROMOTING COMPREHENSIVE WORKSITE HEALTH PROMOTION PROGRAMS IN COLORADO



2007-08 GRANT APPLICATION

GRANT INFORMATION

- Grants of \$4,000 each (maximum) will be awarded to worksites.
- Grants are designed to support building a comprehensive worksite health promotion program using the WELCOA Well Workplace Model. Prior to completing this grant application, applicants must read and understand the Well Workplace process by reviewing www.welcoa.org/wellworkplace. To apply for the grant, worksites are expected to have achieved the first three of WELCOA's Seven Benchmarks of Success: "Capturing on Senior Level Support," "Creating Cohesive Wellness Teams," and "Collecting Data to Drive Efforts." Grant funds may be used to cover expenses related to achieving the remaining benchmarks, in particular, "Choosing Appropriate Interventions," and "Consistently Evaluating Outcomes."
- Organizations may receive only one worksite grant per grant cycle.
- Grant timeline:

Proposals due	August 20, 2007, 5:00 p.m.
Notification of awards	September 24, 2007
Mid-term report due	February 8, 2008
Program completion	May 30, 2008
Final report and invoice due	June 16, 2008

- Budget considerations:
 1. Each worksite will be required to become a member of WELCOA. The annual membership fee of \$365 should be included as part of the worksite grant budget.
 2. A 50 percent match is required from the worksite. The Budget Worksheet MUST include at least \$2,000 in matching in-kind or cash contributions.
 3. Grant funds may not be used for staff stipends, screenings, or food used as refreshments. Costs for food that is an integral part of the intervention, such as a cooking demonstration, is allowed. **All expenses must be incurred by May 30, 2008 to receive full reimbursement.**
- Payment will be made upon receipt of an invoice with supporting receipts for program expenses already incurred. The preference is for one payment in the full amount of the grant at the end of the grant period. Other invoicing arrangements can be negotiated at the time the award is made.

ASSURANCES

If awarded a grant, the applicant agrees to:

- Maintain a complete file of records, documents, and other materials that pertain to the operation of the program/project or the delivery of services under this grant.
- Submit a mid-term and final report that describes budget expenditures and project activities and outcomes in relation to objectives in the grant and includes both successes and challenges. COPAN will provide a report template.

- Submit an invoice for all expenses by June 16, 2008. Full reimbursement may not be available for invoices received past this due date.

APPLICATION INSTRUCTIONS

- Complete the following:
 - ❑ Organization Information Sheet (attached)
 - ❑ WELCOA Well Workplace Checklist. To complete the Well Workplace Checklist, go to www.welcoa.org, and click on “Free Trial.” Once you have established trial membership, you will have access to the Checklist on the main page after logging in. After completing the checklist, a short report will be automatically generated, and a full report will be emailed to you within 1-2 days. Please include a copy of these reports with your application.
 - ❑ Worksite Grant Narrative with answers to questions 1-15
 - ❑ Letter of support from senior level management (Attachment A)
 - ❑ Worksite Health Promotion Committee Team Roster (Attachment B)
 - ❑ Worksite Budget Worksheet (Attachment C).
- The complete proposal, including all items other than the Well Workplace Checklist reports, must be no more than seven pages.
- Please type the responses for the narrative on separate sheets of paper, numbering the response to each question.
- Please use a 12-point font for the proposal. The Organization Information Sheet, Team Roster, and Budget Worksheet may be hand-written (if legible).
- Grant proposals must be received **no later than 5:00 p.m. on August 20, 2007**. Electronic and fax proposals will not be accepted.
- Return an original and **five copies** of the grant application to:
 - Chris Torizzo, COPAN Worksite Coordinator
 - Prevention Services Division
 - Colorado Department of Public Health and Environment
 - 4300 Cherry Creek Drive South
 - Denver, CO 80246-1530
- Questions? E-mail chris.torizzo@state.co.us or call (303) 692-2430.

ORGANIZATION INFORMATION SHEET

Please complete the information below and include this page as the first page of the proposal.

Contact Name: _____

Contact Title: _____

Organization: _____

Address: _____

County, City, State, & Zip: _____

Contact Phone: _____

Contact Email: _____

Contact Fax Number: _____

Amount of funding requested: _____

County or counties in which the program or project will take place:

Signature of person submitting the application

Date

Worksite Grant Narrative

Applicants first must read about WELCOA's Well Workplace Process and complete the WELCOA Well Workplace Checklist. The Well Workplace Process information can be found at www.welcoa.org/wellworkplace. To complete the Well Workplace Checklist, go to www.welcoa.org, and click on "Free Trial." Once you have established trial membership, you will have access to the Checklist on the main page after logging in. After completing the checklist, a short report will be automatically generated, and a full report will be emailed to you within 1-2 days. Then respond to questions 1-15, below. Required attachments are noted under questions 1, 2, and 3. Responses to all questions combined must not exceed three pages (not including the required attachments). Please number the response to each question in the narrative.

CAPTURING SENIOR LEVEL SUPPORT

1. How is the organization's wellness program communicated to and from senior level management?
 Attach a letter from senior level management demonstrating how comprehensive worksite wellness has been supported in your worksite.

CREATING COHESIVE WELLNESS TEAMS

2. Provide a brief overview of the function of the wellness committee/team.
 Attach the completed Wellness Committee/Team Roster Worksheet (see Attachment A).

COLLECTING DATA TO DRIVE HEALTH EFFORTS

3. List the data collection sources that were used as part of your worksite wellness effort and explain how they were used. Examples might include: demographic information, health risk appraisals, needs and interest surveys, facility assessments, etc.
4. Provide a brief description of the results of your data collection.
 Attach any survey(s) you used to collect data at your worksite.

CRAFTING AN OPERATING PLAN (for the Health Promotion Program)

5. What is your wellness program's mission and vision?
6. What is the program's primary goal?
 NOTE: If your worksite has a worksite wellness operating plan that complies with WELCOA's 8 primary components of an operating plan, you may simply include a copy of the operating plan in place of answering questions 5 and 6.

CHOOSING APPROPRIATE INTERVENTIONS

The following questions refer to the intervention(s) you are going to implement with the worksite grant:

7. Briefly describe the intervention(s).
8. Who is the target audience and what is the total number of people in your target audience for the intervention(s)?
9. How many people within your total target audience do you expect to reach through your intervention(s)? (please provide a number and percentage.)
10. How does the data you have collected support the choice of this intervention?
11. What is the timeline (monthly) for planning, implementation, and evaluation of the intervention(s)?
12. What promotional strategies will be used to reach the target audience?

CREATING A SUPPORTIVE ENVIRONMENT

13. Briefly describe two workplace policies or aspects of the workplace environment/facility that truly support the wellness of your employees and organization.

CONSISTENTLY EVALUATING OUTCOMES

14. Describe how you will measure the outcome(s) of the intervention(s) described above.

15. How will you continue or build upon the intervention(s) after funding ends?

ATTACHMENT C

WORKSITE BUDGET WORKSHEET

Name of worksite:

City or town of worksite:

Please list all anticipated program expenses under the appropriate category on the worksheet below and complete totals as indicated. Include the completed budget worksheet with the application. See Attachment C for an example of a completed budget sheet. All applications must include matching funds from the worksite equal to at least 50% of the grant amount.

EXPENSE CATEGORY	Amount requested through this grant	Amount from sources other than this grant <i>(50% match required)</i>	Total amount for this item
Personnel (include title)			
Subtotal:			
Equipment/supplies			
Subtotal:			
Contractor/Vendor Expenses			
Subtotal:			
Other (please specify)			
Subtotal:			
TOTAL:			

ATTACHMENT D

SAMPLE WORKSITE BUDGET WORKSHEET

Please use the following sample to assist you with completing the Worksite Budget Worksheet.

EXPENSE CATEGORY	Amount requested through this grant	Amount from sources other than this grant	Total amount for this item
Personnel (include title)			
Part-time Worksite Wellness Coordinator		\$4,000 (in-kind)	\$4,000
<i>Subtotal:</i>		\$4,000	\$4,000
Equipment/supplies			
Needs assessment	\$500		\$500
On-site behavior change class (instruction and materials)	\$1,000		\$1,000
Five-A-Day at Work campaign (website and support materials)	\$1,000		\$1,000
Incentives	\$385	\$365 (donations)	\$750
Copying, etc.		\$500 (in-kind)	\$500
<i>Subtotal:</i>	2,885	\$865	\$3,750
Contractor/Vendor Expenses			
Weight Management Facilitator	\$600		\$600
Seminar Speakers (3 @ \$50)	\$150		\$150
<i>Subtotal:</i>	\$750		\$750
Other (please specify)			
WELCOA Membership	\$365		\$365
<i>Subtotal:</i>	\$365		\$365
TOTAL:	\$4,000	\$4,865	\$8,865

ATTACHMENT E

CRITERIA FOR SCORING WORKSITE GRANTS

Total possible points = 115

WELL WORKPLACE CHECKLIST

- Attach a completed WELCOA Well Workplace Checklist and report. (10 points)
Criteria: The checklist is completed and a report has been generated.

CAPTURING SENIOR LEVEL SUPPORT

1. How is the organization's wellness program communicated to and from senior level management? (5 points)
Criteria: Response indicates two ways in which information about the wellness program is communicated between management and employees and/or the worksite wellness team.
- Attach a letter from senior level management demonstrating how comprehensive worksite wellness has been supported in your worksite. (5 points)
Criteria: The letter demonstrates support from senior management.

CREATING COHESIVE WELLNESS TEAMS

2. Provide a brief overview of the function of the wellness committee/team. (2.5 points)
Criteria: The wellness committee/team has a process by which they plan and coordinate communication and activities in the worksite.
- Attach the completed Wellness Committee/Team Roster. (2.5 points)
Criteria: The committee/team represents a broad range of employees in the workplace.

COLLECTING DATA TO DRIVE HEALTH EFFORTS

3. List the data collection sources that were used as part of your worksite wellness effort and explain how they were used. (5 points)
Criteria: At least two sources were used to collect data.
4. Provide a brief description of the results of your data collection. (5 points)
Criteria: The response demonstrates that the application understands the how to interpret data related to worksite health and wellness.

CRAFTING AN OPERATING PLAN

5. What is your wellness program's mission and vision? (2.5 points)
Criteria: Mission and vision are clearly stated and are appropriate to a worksite wellness program.
6. What is your program's primary goal? (2.5 points)
Criteria: Program goal is clearly stated and is appropriate to a worksite wellness program.

IF APPLICANT HAS SUBMITTED AN OPERATING PLAN IN PLACE OF ANSWERING #5 AND #6—
Criteria: The operating plan clearly states 1) a mission and vision appropriate to a worksite wellness program (2.5 points) and 2) a program goal appropriate to a worksite wellness program (2.5 points).

ATTACHMENT E (cont'd)

CHOOSING APPROPRIATE INTERVENTIONS

7. Briefly describe the intervention(s). (10 points)
Criteria: Activities are described clearly and in sufficient detail to provide an understanding of the intervention.
8. Who is the target audience and what is the total number of people in your target audience for the intervention(s)? (5 points)
Criteria: Target audience is well-described.
9. How many people within your total target audience do you expect to reach through your intervention(s)? (5 points)
Criteria: Number and percentage are provided.
10. How does the data you have collected support the choice of this intervention? (10 points)
Criteria: Target audience is appropriate to the intervention and need. Response indicates a sound basis for choosing this audience.
11. What is the timeline (monthly) for planning, implementing, and evaluating the intervention(s)? (10 points)
Criteria: The timeline is reasonable for the planned activities.
12. What promotional strategies will be used to reach the target audience? (5 points)
Criteria: Promotional strategies can be expected to reach the audience and interest them in the program.

CREATING A SUPPORTIVE ENVIRONMENT

13. Briefly describe two workplace policies or aspects of the workplace environment/facility that truly support the wellness of your employees and organization. (5 points)
Criteria: At least two examples are provided of supportive workplace policies or environmental factors.

CONSISTENTLY EVALUATING OUTCOMES

14. Describe how you will measure the outcome(s) of the intervention(s) described above? (10 points)
Criteria: The response defines the desired outcome(s) and describes how the change in the outcome will be measured. The method actually measures what it is designed to measure.
15. How will you continue or build upon the intervention(s) after funding ends? (5 points)
Criteria: The response identifies "next steps" to build upon the progress made through the initial effort.

BUDGET WORKSHEET (10 points)

Criteria: All expenses are reasonable and related to program activities. Unallowable expenses are not included. A cash or in-kind match of at least 50% is included on the budget worksheet.

PROPOSAL CHECKLIST:

- Organization Information Sheet with signature
- Narrative (Answers to questions 1-15)
- Letter of Support from senior management (Attachment A)
- Worksite Health Promotion Committee/Team Roster (Attachment B)
- Budget Worksheet (Attachment C)

RETURN COMPLETED PROPOSALS (AN ORIGINAL AND 5 COPIES) TO:

Chris Torizzo
Prevention Services Division
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530

DEADLINE FOR PROPOSALS:

Proposals must be received by 5:00 p.m. on August 20, 2007.