

OEA Choice Trust Employee Wellness Grant Program

Application Cover Page: Organization Information

|  |  |
| --- | --- |
| Organization Name: | |
| Address: | |
| Superintendent/President: | |
| Email: | |
| Phone: Ext. | Fax: |
| Grant Program Contact Person: | Title: |
| Email: | |
| Phone: Ext. | Fax: |
| Title: | |
| Address *(if different from above)* | |
| Summer Contact Information:  Name:  Phone:  Email: | |

|  |
| --- |
| Program Title (20 words or less): |
| Total number of all employees in the district/ESD/community college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Grant Amount Requested for this Grant Year (July 2021 – June 2022): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Please note, maximum grant request/grant year is $30,000. |

**REQUIRED Signatures**: By signing and submitting this application, the submitting organization agrees to abide by and be bound by each of the terms and conditions described in the application grant guidelines, and further that the applying organization warrants that all the information is true and correct.

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Superintendent/President Signature/ Date Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal(s)/Department Administrators Signature/Date/School(s) Print Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Union President(s) Signature/Date (Certified/Licensed/Faculty) Print Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Union President(s) Signature/Date (Classified) Print Name(s)

OEA Choice Logo

**OEA Choice Trust School Employee Wellness Grant Program**

*Inspiring schools to create healthy workplaces for all Oregon school employees.*

**Grant Application Guidelines**

**Our Mission**

*We provide expertise and resources to help Oregon public school employees create comprehensive and flexible well-being programs to build a culture of wellness that becomes the norm. We prioritize quality service and partnerships that support a journey to wellness.*

**Vision**: *Oregon public school employees are healthy, resilient and engaged as champions for healthy school environments and vital communities. As a result, they are fulfilled in their work, model well-being for students and are better equipped to foster student success.*

OEA Choice Trust recognizes many diverse health and well-being issues face school districts, Education Service Districts (ESDs), and community colleges; that’s why our School Employee Wellness Grant Program is designed to allow the flexibility to tailor employee wellness programs to best meet the unique goals and priorities of local districts, ESDs, and community colleges.

**Funding Priorities for School Employee Wellness Grants:**

1. Improve the health, well-being and resilience of school employees by focusing on a *holistic approach* that includes the essential elements of well-being:[[1]](#endnote-2) [OEA Choice Trust’s School Employee Health and Well-being Model](https://oeachoice.com/wp-content/uploads/2019/08/School-Employee-Well-being-Model-One-Pager-2017-Revised.pdf)

* **Purpose:** Having a sense of meaning, being motivated to give back to others and the world in some positive way
* **Physical:** Having good health and enough energy to get things done daily
* **Social:** Having supportive relationships and fostering social belonging and connectedness
* **Emotional:** The way you feel, the way you function and flourish
* **Financial:** Managing one’s economic life to reduce stress and increase security

1. Build a culture of health, well-being and resilience at the workplace by implementing a comprehensive school employee wellness program district wide. Key factors that influence creating a healthy workplace culture include:

* Policies, practices and environments that promote the social, emotional and physical well-being of employees
* Active leadership support that communicates the value of employee well-being and demonstrates that it is a priority to the district/ESD/community college
* Social environment that promotes staff health and well-being as the norm rather than the exception at their school

*For more ideas check out* [*OEA Choice Trust’s Fostering School Employee Health, Well-being and Resilience: Framework of Proven Strategies and Best Practices*](https://oeachoice.com/framework/)*.*

**Principles that guide OEA Choice Trust’s employee wellness grant:**

* A comprehensive employee wellness program can positively affect employee health, well-being, morale, job satisfaction, engagement that may lead to reduced staff absenteeism
* School employee wellness programs are evidence-informed and use best practices to achieve desired goals and results
* Comprehensive employee wellness programs are integrated into school/district programs, practices and policies to create the environment that supports staff health, well-being and resilience
* Programs are tailored to the local needs and priorities of all staff and the district
* Employee wellness programs can start small and build a strong foundation for success and sustainability
* Successful programs are actively supported across the entire school community and district
* Staff model healthy, resilient behaviors and skills that supports healthy student development and academic success

**Employee Wellness Grant Awards:**

*OEA Choice Trust Employee Wellness Grant awards are a maximum of $100,000 for school employee wellness programs that will be implemented within 5 years.* Please note that this is a multiyear grant award and annual grant funding requests are limited to a maximum of $30,000 per grant year. If awarded, the first grant year is July 1, 2021 to June 30, 2022.

Grantees will be required to provide a minimum of 50% in matching funds through in-kind donations and local contributions. In-kind donations can be donated goods, services, equipment, non-cash items, donated space, or volunteer hours from your organization or community partnerships. Local contributions are financial contributions provided by your organization, community partnerships or other local and state resources.

**Example**: Grant amount requested = $30,000; local contribution/in-kind donations must equal at least a combined total of $15,000 to meet the required 50% match.

**Please note:** If awarded an OEA Choice Trust employee wellness grant, all grantees are required to submit an Annual Grant Year Report and proposed action plan and budget for the following grant year. The OEA Choice Trust Board of Trustees will review the information provided in the Annual Grant Year Report to determine continued grant funding of your employee wellness program.

OEA Choice Trust will accept **only one grant proposal** from a school district, education service district or community college during the same grant period.

The OEA Choice Trust Board of Trustees will evaluate and approve grant awards. Factors central to OEA Choice Trust Board of Trustees’ evaluations of proposed projects include:

* The strength of district, school and union leadership to support and collaborate
* The degree the school staff has been involved in planning the wellness program
* Whether the project addresses significant health and well-being needs and priorities of the school community
* The goals and objectives are clear, achievable and align with the school community health and well-being priorities and needs
* Well thought out, detailed action plan and budget for the first grant year
* How well the project fits within OEA Choice Trust’s funding priorities
* The potential impact of the project to improve/promote school employee health and well-being

**Eligibility**

* To be eligible, an applicant must be a K-12 Oregon school district, education service district or community college. The scope of the project, e.g., school district, school(s) within a district, campus or division of a community college is up to the grant applicant.

A Note for Charter Schools

1. To be eligible to apply for an OEA Choice Trust School Employee Wellness Grant, the interested charter school must demonstrate that their charter school was established from an existing public school district and the entire district converted to charter school status. Before applying, please contact Asta Garmon at [asta@oeachoice.com](mailto:asta@oeachoice.com?subject=SEW%20Grant%20Charter%20School%20Inquiry%20).
2. Interested Charter Schools are required to submit a completed eligibility form to confirm that they meet the newly created criteria to apply for a grant.

* OEA Choice Trust grant funds are eligible to be used for proposals focusing on beginning a School Employee Wellness (SEW) program or for expanding on an existing SEW program. Organizations that are in the beginning stages of planning SEW program are encouraged to apply for funding. Additionally, organizations with established SEW programs that are seeking to deepen and expand across the organization are also encouraged to submit a proposal.
* Past OEA Choice Trust School Employee Wellness Grantees schools are not eligible to apply for an SEW Grant.

**Grant Terms and Conditions:**

* **To be eligible**, an applicant must be a K-12 Oregon school district, education service district or community college. The scope of the project, e.g., school district, school(s) within a district, campus or division of a community college is up to the grant applicant.
* Grant funds can be used organization/district-wide **or** if not used organization/district-wide, must be offered to a minimum of 100 employees/members. Only one grant award will be given to a school district, education service district or community college during the same grant period.
* Grant funds cannot be used for political or religious purposes.
* Funds will not be granted for goods already purchased, activities taking place before grant decisions are made or deficit funding.
* Funds will also not be granted for existing personnel salaries.
* Collaboration between multiple partners is encouraged; however, responsibility for implementation and the administration and fiscal aspects of the project lies with the grantee.
* Any and all publicity, press releases and printed materials paid for with grant funds will mention support provided by OEA Choice Trust Employee Wellness Grant Program.
* Grant applications requesting funding for equipment purchases over $500 in value must include two competitive pricing bids.
* Successful grant participants are required to send written progress report(s), which also includes budget report(s) and an annual report to the OEA Choice Trust Board of Trustees at designated intervals of the grant period.
* Funds will be granted annually contingent on receipt of the following:
  1. Annual report demonstrating progress toward employee wellness program objectives and implementation of key actions,
  2. Annual budget report and
  3. The next grant year’s employee wellness action plan and budget proposal.
* If awarded a grant by OEA Choice Trust Wellness Grant Program, the participants agree to use the funds only for the purpose for which they were intended.
* The participants of the grant by OEA Choice Trust Wellness Grant Program are the Local Association(s), the [school district, community college, charter school, or educational service district (ESD)] (the “Grantee”) and OEA Choice Trust.
* The wellness grant funds shall be offered in accordance with the terms and conditions as set by OEA Choice Trust and signed by the Grantee.
* Benefits provided to employees through the result of the Grant Award from OEA Choice Trust shall become an employer benefit for the term of the grant.
* Benefits provided through the result of the Grant Award from OEA Choice Trust shall be treated as an employer-provided benefit for purposes of the collective bargaining agreement between the school district, community college, charter school, or ESD and the Local Association(s).
* Commencement of Expenditures: Expenditures of the Grant Award must commence within six months of receipt of the Grant Award or the Grant Award will be cancelled, and the Grantee must immediately return the full amount of the Grant Award to OEA Choice Trust. In no event are the funds to be used for a purpose other than for which they were intended without prior written approval from OEA Choice Trust.
* Return of Unused Funds: Any portion of the Grant Award that is unexpended at the end of the Grant Cycle (including any authorized extension) shall be returned to OEA Choice Trust within 90 days of the end of that cycle.
* A financial record must be kept of the receipt and disbursement of funds and expenditures incurred under the terms of the grant. Substantiating documents such as bills, invoices, cancelled checks, receipts, etc., shall be retained in the grantee’s files for a period of not less than four years after expiration of the grant period. The grantee agrees to promptly furnish OEA Choice Trust with copies of such documents upon request. OEA Choice Trust, at its expense, may audit or have audited the books and records of the grantee insofar as they relate to the disposition of funds granted by OEA Choice Trust.
* Periodic Meetings: A representative of the Grantee shall attend periodic wellness meetings and participate in periodic conference calls to share progress updates and program-related experiences with other recipients of wellness grants from OEA Choice Trust.
* Successful grant participants agree to participate in an annual *Journey to Wellness* meeting hosted by OEA Choice Trust where all participating schools present information about wellness programs at their worksites and results. Mileage for one representative’s vehicle and up to the cost of 3 substitutes will be reimbursed by the Trust. Additionally, grantees traveling farther than 50 miles to *Journey to Wellness* meeting location will be reimbursed for lodging and meals according to OEA Choice Trust per diem rates.

**OEA Choice Trust Employee Wellness Grant Timeline**

|  |  |
| --- | --- |
| **Important Dates and Deadlines** | **Grant Proposal Benchmarks** |
| **November 2020** | OEA Choice Trust Announces Employee Wellness Grant Funding Opportunity. OEA Choice Trust staff will be available by phone and email to address any questions and clarify grant requirements.  Please contact Asta Garmon at [asta@oeachoice.com](mailto:inge@oeachoice.com) or 503-741-9735. |
| **May 6, 2021** | **Deadline for receipt of full Grant applications with required signatures** |
| **May - June 2021** | Grant review period by OEA Choice Trust Team |
| **June 2021** | Proposals presented to OEA Choice Trust Board of Trustees’ for review and grant award decisions |
| **June 2021** | Announcement of school employee wellness grant awards |
| **July 2021** | Award letters and Terms and Agreement forms mailed |
| **July 1 – June 30** | Interim Progress and Annual Grant Year Reports are due each grant year. Continued grant funding is contingent on receipt of all grant reports and OEA Choice Trust Board of Trustees review and continued award funding decisions. |

**OEA Choice Trust Employee Wellness Grant**

**Grant Application:**

Be brief and at the same time thorough. The employee wellness grant application should be no longer than 20 pages using letter size white paper with 12-point type. **This page limitation does not include the action plan and budget worksheet with narrative.** Single-space the application with double spacing between sections and paragraphs. Please send both an electronic and hard copy of the full grant proposal. Please use [OEA Choice Trust’s Grant Application Review Scoring Rubric](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Foeachoice.com%2Fwp-content%2Fuploads%2F2020%2F10%2F2021-Spring-Scoring-Guide.docx&data=04%7C01%7Casta%40oeachoice.com%7C49a468d8857c4750c3be08d87a8f1c3a%7C143b95713270450fbb5c24f8235155d4%7C0%7C0%7C637394102361462939%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=eKNXQmQZGwQMCS3shjiopjTDBDCLNKo3aiW2yk%2Bh8TQ%3D&reserved=0) as a reference when developing your district/organization’s school employee wellness grant application.

1. **Grant Application Cover Page with all required signatures**
2. Form included in grant application packet.
3. **Please note:** the grant application will not be accepted if required signatures are not included.
4. **Program Title and Summary** (1-page maximum) Include the following:
5. The name of the employee wellness program.
6. The employee group(s) that the school/district/organization’s employee wellness program will serve.
7. Describe why addressing school employee health and well-being matters to the school district community.
8. **Describe your district and community:**
9. Include your organization’s mission, the number of schools/buildings in the district, student population and the geographic area served. Highlight two to three key facts that best describe your district/organization.
10. Provide demographic information describing the total staff population. For example, the percent licensed, classified and confidential staff, the percent of staff living within the community, length of employment at the district, race, ethnicity, gender, and age. Please keep in mind, understanding the diversity and demographic makeup of your district’s staff is very useful in planning a relevant and accessible school employee wellness program. *Please also use the* ***Organization and Staff Demographics*** *provided in this grant application packet.* *Your Organization and Staff Demographics Table will not be included as part of the grant application maximum page limit.*
11. Describe the district’s past efforts to promote employee health and well-being, lessons learned and accomplishments.
12. **What employee health and well-being need(s) does your program address?**
13. What critical health condition, health risk or health/well-being needs & interests will the school employee wellness program aim to improve for all school staff? Please provide data and information to demonstrate this is a critical health and well-being need among the school staff across your district community.
14. We recognize many organizations do not collect sufficient data to answer these questions. We encourage you to review [OEA Choice Trust’s Grant Review Scoring Rubric](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Foeachoice.com%2Fwp-content%2Fuploads%2F2020%2F10%2F2021-Spring-Scoring-Guide.docx&data=04%7C01%7Casta%40oeachoice.com%7C49a468d8857c4750c3be08d87a8f1c3a%7C143b95713270450fbb5c24f8235155d4%7C0%7C0%7C637394102361462939%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=eKNXQmQZGwQMCS3shjiopjTDBDCLNKo3aiW2yk%2Bh8TQ%3D&reserved=0) for suggested data sources to support responding to this grant application section.
15. Consider using a survey to gather employee input. [OEA Choice Trust’s School Employee Health and Well-being Needs and Interest Survey](https://oeachoice.com/wp-content/uploads/2019/05/OEA-CT-Staff-Wellness-Needs-and-Interest-Survey-2019.pdf) is an excellent tool designed specifically for the education setting.
16. **Program Description:** Provide a concrete description of your proposed program and how it will address the health and well-being goals and needs of staff in your district/ESD/community college.
17. What is the long-term goal of the program? Clearly describe what the district intends to achieve over a period of 5 years during the grant period.
18. Describe how administration and leadership at all levels will actively communicate and demonstrate the importance of the school employee wellness program.
19. Describe how the district and union leadership will work together to ensure the success of the school employee wellness program.
20. Describe how school employees have been involved in the planning of the school employee wellness program.
21. Describe how this employee wellness program will be communicated and promoted to all school employees.
22. Describe how current and new community partnerships will support this school employee wellness program; please be specific in describing the type of support the local community is providing to promote the health and well-being of school employees.
23. Describe how you will share employee wellness program successes and lessons learned with the school district and community.
24. **Grant SMART Objectives:** Develop the first year’s program objectives and describe specific action steps that will be implemented to achieve each objective for the first grant year (July 1, 2021 to June 30, 2022). *Please use the* ***Action Plan Template*** *provided in this grant application packet.*

**Objective:** use the **SMART** formula to set up **S**pecific/**M**easurable/**A**ction oriented/**R**elevant/**T**ime specific.

* [OEA Choice Trust’s SMART Objective Tip Sheet](https://oeachoice.com/wp-content/uploads/2017/09/How-to-Develop-SMART-Objectives.pdf)

\***Consider starting with developing up to 4 SMART Objectives as you begin your school employee wellness program**.

**Actions:** list all actions that will be implemented to achieve the objective*. Check* [*out OEA Choice Trust’s Framework of Proven Strategies and Best Practices*](https://oeachoice.com/framework/) *for program ideas*.

1. **Action Plan:** Provide a clear detailed action plan for implementation **–** use the template provided as part of this grant application. *The timeline for the completed action plan is grant year 1 beginning July 1, 2021 and ending June 30, 2022. Please note the maximum annual grant request is $30,000.*
2. **Project Coordinator:** Identify who will serve as the school employee wellness project coordinator(s), briefly describe the coordinator’s responsibilities for the project and how the district will support the coordinator to complete grant responsibilities.

Also, please identify the **financial contact** for the grant and provide that person’s email address and phone number. The financial contact should be someone within the district that will help develop and review grant budget reports and that OEA Choice Trust staff can communicate with regarding budgetary matters.

1. **Measure of Success:** How will you determine the success and effectiveness of your school employee wellness program?
   1. List the types of measures that your district will track to determine program effectiveness and progress toward your long-term goal and grant SMART objectives.
   2. Briefly describe how your district will collect and use data to inform program planning and implementation.

School employee wellness programs typically gather data to capture the following employee and worksite wellness measures:

* Employee participation rates
* Employee satisfaction with the program
* Changes in knowledge, attitudes and skills to improve employee health and well-being behaviors
* Changes in behaviors, habits and health risks
* Changes that have created a more supportive and healthier workplace environment
* Changes in employee morale, job satisfaction, sense of belonging and support
* Improved employee recruitment and retention

Evaluation of a school employee wellness program plays an important role in gauging just exactly how many employees participated, their satisfaction with your program, what they gained and how to improve your program. This information can then be used to modify and strengthen your program to increase participation, address workplace environment and culture barriers to health and improve positive results to benefit all school employees.

OEA Choice Trust created an annual School Employee Wellness Program survey that is anchored in proven worksite wellness evaluation practices. Many OEA Choice Trust grantees use our survey to support their evaluation data collection efforts. For more information about evaluation and the OEA Choice Trust annual employee wellness program survey, please contact either Asta Garmon at [asta@oeachoice.com](mailto:asta@oeachoice.com) or Inge Aldersebaes at [inge@oeachoice.com](mailto:inge@oeachoice.com).

*Please note:* If awarded a grant, the information described to gauge progress toward achieving your SMART Objectives will be required as part of your Annual Grant Year Report to OEA Choice Trust and will be used by the OEA Choice Trust Board of Trustees to determine continued grant funding for the following grant year.

1. **Describe how the school employee wellness program will be sustained once the grant period ends.** Describe the district’s plan to build the capacity to implement policies, practices and programs to sustain the school employee wellness initiative beyond the 5-year grant period.

*See the* [*Blueprint For School Employee Wellness*](https://oeachoice.com/blueprint/) *for more information on sustaining a school employee wellness program.*

1. **Project Budget** (3-page maximum. Your grant budget worksheet and narrative will not be included as part of the grant application maximum page limit.)
2. Provide a detailed and accurate itemized grant budget with narrative. Please use the **Budget Worksheet and Narrative** form provided. *Please note*: enter the first grant year project expenses and 50% in-kind donation and local contribution match (July 1, 2021 – June 30, 2022)
3. **Letters of support** from community partners, superintendent, union representatives, employees, community college presidents and other stakeholders is required. Letters of support explain why stakeholders support the school employee wellness program and describe the type of support/commitment given to ensure success of the district’s employee wellness program.

# Organization and Staff Demographics

# Spring 2021

# Organization/District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the attached Organization and Staff Demographics table. Please complete the table to the best of your ability. We encourage you to work with your Human Resources Department and for k-12 grantees consider using data provided on your [Oregon Department of Education Report Card](https://www.ode.state.or.us/data/reportcard/reports.aspx) to complete this report.

Please keep in mind, understanding the diversity and demographic make-up of your district/organization’s staff is useful in planning a relevant and accessible school employee wellness program for all employees.

|  |  |  |
| --- | --- | --- |
| **Buildings & Employee Classification** | **Number** | **Source of the Data** |
| Total number of worksites |  |  |
| Total number of employees |  |  |
| Number of licensed employees |  |  |
| Number of faculty |  |  |
| Number of classified employees |  |  |
| Number of confidential employees |  |  |
| Number of Administrative Employees |  |  |
| **Total:** |  | **NA** |
|  |  |  |
| **Community** | **Number** | **Source of the Data** |
| Number of Employees Living in the District Boundaries |  |  |
| Number of Employees Commuting from Outside the District Boundaries |  |  |
| **Total:** |  | **NA** |
|  |  |  |
| **Years of Employment** | **Number** | **Source of the Data** |
| Number of First Year Employees |  |  |
| Number of Employees who have worked for the district 2-3 years |  |  |
| Number of Employees who have worked for the district 4-6 years |  |  |
| Number of Employees who have worked for the district 7 - 10years |  |  |
| Number of Employees who have worked for the district 11 - 20 years |  |  |
| Number of Employees who have worked for the district 20+ years |  |  |
| **Total:** |  | **NA** |
|  |  |  |
| **Employee Gender** | **Number** | **Source of the Data** |
| Number of female employees |  |  |
| Number of male employees |  |  |
| Number of other gender employees |  |  |
| Number of employees who have not shared their gender |  |  |
| **Total:** |  | **NA** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee Race and Ethnicity** | **Number** | **Source of the Data** |
| Number of White employees |  |  |
| Number of Hispanic employees |  |  |
| Number of Black/African American employees |  |  |
| Number of American Indian/Alaska Native employees |  |  |
| Number of Asian employees |  |  |
| Number of Native Hawaiian/Pacific Islander employees |  |  |
| Number of multiracial employees |  |  |
| Number of employees who have not shared their race/ethnicity |  |  |
| **Total:** |  | **NA** |
|  |  |  |
| **Employee Ages** | **Number** | **Source of the Data** |
| Number of employees who are ages 20 - 30 |  |  |
| Number of employees who are ages 31 - 45 |  |  |
| Number of employees who are ages 45+ |  |  |
| **Total:** |  | **NA** |
|  |  |  |
| **Other Important Factors** | **Number** | **Source of the Data** |
| Number of students |  |  |
| County |  | NA |
| County health ranking |  | <https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2020_OR_0.pdf> |
| Do you have an employee wellness policy? |  | NA |

OEA Choice Trust Wellness Grant Program

# Budget Worksheet and Narrative

**District/Organization Name:**

1. Please use the budget worksheet provided below as part of your grant application.
2. The *grant budget worksheet must include a budget narrative* that provides a complete, accurate and detailed description for all budget items. *Explain expenses of each budget item and how the expenses were accurately calculated, including in-kind donations and local contributions.* The budget narrative will provide the information necessary to determine the budget category expenses and the relationship between budgeted items and the grant program’s action plan.
3. The total amount entered in each budget category must *accurately* match the amounts described in the budget narrative.
4. To ensure accuracy, have the identified financial contact review the grant budget worksheet before submitting.
5. Describe the in-kind/local contribution funds for each budget category. Explain the costs of your proposed activities that will be paid for or contributed by your organization or your community partners.\*
6. Your budget worksheet and budget narrative should be consistent with your proposed action plan for the grant program year **July 1, 2021 – June 30, 2022.** For each budget category, identify the Smart Objective(s) that are carried out because of these expenses/resources.

\* Grant applications requesting funding for equipment purchases *over $500* in value must include *two competitive pricing bids.*

**Grant funds cannot be used for the following reasons/items:**

* **Payment for goods or services purchased before the commencement of the Program Period**
* **Activities taking place before the commencement of the Program Period**
* **Salaries or benefits of the Grantee’s existing personnel, except to the extent such personnel are specifically engaged in activities described in the Approved Grant Proposal**
* **To purchase ergonomic equipment for staff**
* **To purchase general furniture for staff rooms**
* **To purchase district health plans and benefits, such as an Employee Assistance Program**
* **Funding the Grantee’s other programs**
* **Any attempt to influence legislation (including direct or grassroots lobbying) or any religious purposes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Smart**  **Objective #** | **Budget**  **Category** | **A) Wellness**  **Grant Funds** | **B) Local**  **Contribution\*** | **C) In-Kind**  **Donation(s)\*** | **Total Costs**  **For A, B & C** |
|  |  | $ | $ | $ | $ |
| **Budget Item(s) Narrative**: (enter budget narrative here)   * Grant funds: * Local contribution: * In-kind donation: | | | | | |
|  |  | $ | $ | $ | $ |
| Budget Item(s) Narrative: (enter budget narrative here)   * Grant funds: * Local contribution: * In-kind donation: | | | | | |
|  |  | $ | $ | $ | $ |
| Budget Item(s) Narrative: (enter budget narrative here)   * Grant funds: * Local contribution: * In-kind donation: | | | | | |
| **Totals for each column** |  | **Total Grant Request**  $ | **Total Local Contribution**  $ | **Total In-kind Donation(s)**  $ | **Total Project Cost**  **$** |

**\***There is a required 50% match for OEA Choice Trust Grants. These funds can be in-kind donations or local contributions. In-kind donations can be donated goods, services, equipment, non-cash items, donated space, or volunteer hours from your organization or community partnerships. Local contributions are financial contributions provided by your organization or community partnerships.

**Example Budget Worksheet and Narrative**

*Please remove the example when submitting your grant application*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Smart**  **Objective #** | **Budget**  **Category** | | **A) Wellness**  **Grant Funds** | | | **B) Local**  **Contribution** | | **C) In-Kind**  **Donation(s)\*** | **Total Costs**  **For A, B & C** |
| SMO #1 | Fitness Classes | | $ 1,800 | | | $ 500 | | $ 1,800 | $ 4,100 |
| Budget Item(s) Narrative:  $1,800 for fitness instructor to teach Yoga and Zumba classes 2x week for 9 months @ $25 per class  $500 local contribution for facility usage. $25 per hour x 20 hours to use facility based on District facility use policy.  $1,800 for in-kind contributions from instructor for price break. 50% discount on classes 2x week for 9 months @$25 per class | | | | | | | | | |
| Overarching\*\* | Wellness Coordinator Stipend | | $ 2,693 | | | $ 100 | | $ 1,790 | $ 4,583 |
| Budget Item(s) Narrative:  $2,025 Wellness Coordinator stipend to oversee management of school employee wellness program, responsibilities include convening wellness committee, promoting wellness program, and any other duties required by the grant at $27/hr. x 75 hours = $2,025. Payroll taxes and benefits = 33% of $2,025 = $668.  $575 In-kind for payroll taxes and 2 professional days for grant reporting at $27/hr. x 16 hours = $432 and $143 payroll taxes.  $100 Local Contribution from ABC gym for gifts for wellness team members – 5 water bottles @ $20 per bottle = $100  $1,215 In-kind for 5 wellness team members monthly meetings – 1 hr. x 9 months x 5 members x $27/hr. = $1,215 | | | | | | | | | |
| Overarching\*\* | | Incentives | | $4,000 | $0 | | $0 | | $4,000 |
| Budget Item(s) Narrative:  Incentives to encourage staff to participate in employee wellness activities (tasting tables, fitness classes and to be Wellness Champions). Tickets will be given to those who participate in these activities. Drawings will be done monthly for smaller prizes and at District Wellness Committee meetings for larger prizes.   * Grant funds:   $1,200 - 12 Fitbits @$100  $300 – Logo creation for branding program  $2,000 - 200 t-shirts @$10  $500 - 20 hooded sweatshirts @$25   * Local Contributions: 0 * In-kind Contributions:0 | | | | | | | | | |
| **Totals for each column** |  | | **Total Grant Request**  $8,493 | | | **Total Local Contribution**  $600 | | **Total In-kind Donation(s)**  $3,590 | **Total Project Cost**  **$ 12,683** |

**\*\***Supports all Smart objectives in action plan.

# OEA Choice Trust Wellness Grant

# Action Plan Template

**Grant Year 1: July 1, 2021 – June 30, 2022**

# Name of District/Organization:

\***Consider starting with developing up to 4 SMART Objectives as you begin your school employee wellness program**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SMART Objective #1:** | | | | |
| **What data will be collected that will indicate the SMART Objective has been achieved?** | | | | |
| **Action Step** | **Lead Person(s)** | **By When?** | **Resources** | **Evidence of Successful Implementation** |
| Actions that need to be taken to achieve SMART objective | Who will take responsibility to ensure action steps are accomplished? | By what date will you accomplish each action step? | What resources (people, tools, technical support, funding) are needed to accomplish action steps? | How will you know that this action step has been completed? |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SMART Objective #2:** | | | | |
| **What data will be collected that will indicate the SMART Objective has been achieved?** | | | | |
| **Action Step** | **Lead Person(s)** | **By When?** | **Resources** | **Evidence of Successful Implementation** |
| Actions that need to be taken to achieve SMART objective | Who will take responsibility to ensure action steps are accomplished? | By what date will you accomplish each action step? | What resources (people, tools, technical support, funding) are needed to accomplish action steps? | How will you know that this action step has been completed? |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |

**Example Action Plan**

*Please remove the example when submitting your grant application*

**Grant Year 1: July 2016- June 2017**

**Name of District: Mightyfine School District**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SMART Objective #1:** *By May 2017, 75% of school employees will know their blood pressure number as measured by end of year survey and sign in sheets.* | | | | |
| **What data will be collected that will indicate the SMART Objective has been achieved?**   * Annual SEW Program Survey results that employees self-report knowledge of blood pressure * Number of school employees that participate in blood pressure screening as measured by sign in sheet | | | | |
| **Action Step** | **Lead Person(s)** | **By When?** | **Resources** | **Evidence of Success** |
| Actions that need to be taken to achieve SMART objective | Who will take responsibility to ensure action steps are accomplished? | By what date will you accomplish each action step? | What resources (people, tools, technical support, funding) are needed to accomplish action steps? | How will you know that this action step has been completed? |
| 1) Offer free, onsite blood pressure screening with direct feedback and clinical referral when appropriate | Kendra will reach out to local healthcare practitioners and find partner to conduct blood pressure screenings | By September 1st | Healthcare partners/nurses to conduct blood pressure screening  Promotional materials  Volunteers to coordinate sign up and logistics during screening  Blood pressure log books | * 90% of school staff will sign up for blood pressure screening * On September 1st, blood pressure screening held at high school gym from 6:30am to 8:30am. * Mightyfine Hospital partners to provide healthcare staff to conduct blood pressure screening. |
| 2) Provide educational workshop(s) on preventing and controlling high blood pressure | Jill will research local health educators and schedule workshops  George will work with wellness committee to promote workshop | By December 1st | Community health educators to provide blood pressure workshop (Partner with local American Heart Association or local public health) | * 50% School staff attend educational workshops for preventing/controlling blood pressure as captured on sign in sheet(s) * By February 3rd, 2 workshops were held onsite for all interested school employees presented by local public health educators. |
| 3) Conduct end of year survey to be completed by all school staff | Dean designs and administers online survey to school staff  Jeff analyzes and reports survey results  Jeff shares results with wellness committee and school leaders | By March 1st | Survey Monkey online tool  Someone that can analyze results and develop report | * 75% of school staff report knowing their blood pressure number as measured by end of year survey. * End of year survey administered by March 1st to all school employees. |

**Term Definitions:**

1. **Health:** A state of physical, mental and social well-being; not merely the absence of disease or infirmity.
2. **Wellness:** A lifelong journey, an *active* process of making daily choices and commitments to be healthy and well.
3. **Well-being:** The way you feel, the way you function and how you judge your life[[2]](#endnote-3) ;five essential well-being elements include physical, social, emotional, financial and purpose that interact to support living well and flourishing.
4. **Worksite Wellness:** An organized, employer-sponsored initiative designed to support employees to adopt behaviors that reduce health risks, improve quality of life, maximize personal effectiveness and benefit the organization’s mission and vision.
5. **School:** K-12 Oregon districts, community colleges, and education service districts
6. **School employees**: Educators refer to all Oregon public school employees including teachers, administrators, paraprofessionals, counselors, specialists, school nurses, transportation staff, nutrition services staff, facilities management staff, other education support professionals and community college president, full time faculty, adjunct faculty, and staff.
7. **Long term Goal:** A goal describes the overall direction and focus of your program and is the foundation for developing program objectives.
8. **Objectives:** Statements that describe the changes expected as a result of your program actions.
9. **Actions**: Describe strategies that need to be taken to achieve your SMART objectives.
10. **The social environment:** The aggregate of social and cultural institutions, norms, patterns, beliefs and processes that influence the life of an individual or community; the *social environment* includes interactions with family, friends, coworkers and others in the community, as well as cultural attitudes, norms, and expectations; it encompasses social relationships and policies in settings such as schools, neighborhoods, workplaces, businesses, place of worship, health care settings, recreation facilities and other public places.
11. **The physical environment***:* The structure and function of the environment and how it impacts health and well-being; the *physical environment* consists of the natural environment (i.e., plants, atmosphere, weather, and topography) and the built environment (i.e., buildings, spaces, transportation systems, and products that are created or modified by people); physical environments can consist of particular individual or institutional settings, such as homes, worksites, schools, health care settings, or recreational settings Such as the surrounding neighborhoods and related community areas where individuals live, work, travel, play and conduct their other daily activities are elements of the physical environment.

**Employee Health and Well-being Resources and Tools**

|  |  |
| --- | --- |
| **OEA Choice Trust’s Blueprint for School Employee Wellness Guide** | <https://oeachoice.com/blueprint/> |
| **Healthier Generation** | [www.healthiergeneration.org](http://www.healthiergeneration.org) |
| **Kaiser Permanente’s Thriving Schools** | <http://thrivingschools.kaiserpermanente.org/building-a-healthier-future-for-your-school/> |
| **American Diabetes Association** | [www.diabetes.org](http://www.diabetes.org) |
| **American Heart Association** | [www.americanheart.org](http://www.americanheart.org) |
| **American Cancer Society** | [www.cancer.org](http://www.cancer.org) |
| **American Institute for Preventive Medicine** | [www.healthylife.com](http://www.healthylife.com) |
| **The CDC National Healthy Worksite Initiative** | [www.cdc.gov/nationalhealthyworksite/index.html](http://www.cdc.gov/nationalhealthyworksite/index.html) |
| **Oregon.gov – Living Well with Chronic**  **Conditions** | [www.public.health.oregon.gov/diseasesconditions/chronicdisease/livingwell/pages/index.aspx](http://www.public.health.oregon.gov/diseasesconditions/chronicdisease/livingwell/pages/index.aspx) |
| **National Association of Chronic Disease Directors’ Healthy School, Staff, & Students: A Guide to Improving School Employee Wellness** | [Healthy School, Staff, & Students: A Guide to Improving School Employee Wellness](https://www.chronicdisease.org/store/ViewProduct.aspx?id=12974649) |
| **WELCOA – Wellness Council of America** | <https://www.welcoa.org/resources/> |
| **County Health Rankings in Oregon** | <http://www.countyhealthrankings.org> |
| **TEND** | [TEND Trainings Francoise Mathieu](http://www.tendacademy.ca/store/) |

**OEA Choice Trust Wellness Grant Program**

**Grant Application Check List – Mail and Contact Information**

* Applicant is part of a K-12 Oregon school district, education service district, or community college
* Application Cover Page *with required signatures* from superintendent, presidents, principals, department directors and union presidents
* Completed Grant Application
* Action Plan with SMART Objectives for July 1, 2021 – June 30, 2022 Grant Year
* Completed, *accurate* Grant Budget Worksheet *with detailed budget narrative*
* Letters of Support
* Please **mail one hard copy** and **send one electronic/fax copy** of completed grant application with the information listed above by **May 6, 2021** to Asta Garmon at:

**MAIL:**

OEA Choice Trust

Attention: Asta Garmon

6900 SW Atlanta Street, Bldg. 2

Tigard, OR 97223

**ELECTRONIC:**

asta@oeachoice.com

**FAX:**

(503) 624-3994 – Attention: Asta Garmon

**CONTACT PERSON:**

Asta Garmon, School Employee Wellness Program Manager

**PHONE:**

(503) 741-9735 (cell)

Please email your questions to Asta Garmon at [asta@oeachoice.com](mailto:asta@oeachoice.com).

1. Gallup 5 Essential Elements of Well-being [↑](#endnote-ref-2)
2. National Business Group on Health Institute on Innovation on Workforce Well-being [↑](#endnote-ref-3)