

## WORKPLACE WELLNESS GRANT PROGRAM APPLICATION

### Introduction

The information provided on this form serves as an application for the Workplace Wellness Grant Program created in accordance with 2013 WI act 137. An online application is also available at [www.dhs.wisconsin.gov/physical-activity/worksites/](http://www.dhs.wisconsin.gov/physical-activity/worksites/).

### There are two steps needed to complete the Workplace Wellness Grant Program Application.

1. Complete this application form.
2. Complete the required form(s) listed at the end of the application and submit both the application and required form(s) to the address at the end of the application.

The required questions are highlighted by an asterisk (\*) and must be answered to receive grant funds. Optional questions about wellness program components will provide information that may be helpful for future funding, and in providing technical assistance to worksites.

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### WORKSITE CONTACT INFORMATION

#### 1. Person completing this application\*

First Name

Last Name

Job Title

Email Address

Phone Number (Include Area Code)

Business Name

Street Address

City

State

Zip

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### GENERAL INFORMATION

#### 2. How many full time employees do you have at the workplace applying for the workplace wellness program grant?\*(Maximum allowed number is 50) \*

#### 3. Which industry type best describes your workplace? (Optional question)

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture/Construction/Mining/Forestry | <input type="checkbox"/> Retail Trade           |
| <input type="checkbox"/> Education                                | <input type="checkbox"/> Services               |
| <input type="checkbox"/> Finance                                  | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Health Care                              | <input type="checkbox"/> Wholesale Trade        |
| <input type="checkbox"/> Manufacturing                            | <input type="checkbox"/> Other, please specify: |

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### PROGRAM COMPONENTS

#### 4. Has the worksite completed a health risk assessment that includes:

- a computer-based health-promotion tool consisting of a questionnaire;
- a biometric health screening to measure vital health statistics, including blood pressure, cholesterol, glucose, weight, and height;
- a formula for estimating health risks;
- an advice database; and
- a means to generate reports.\*

Yes  No Note: this is a required component. A "No" answer means you are not eligible for the Workplace Wellness Grant Program.

**5. Has the workplace wellness program provided any of the following programs or services? \* (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic disease prevention        | <input type="checkbox"/> Nutrition education                  |
| <input type="checkbox"/> Weight management                 | <input type="checkbox"/> Health or fitness incentive programs |
| <input type="checkbox"/> Stress management                 | <input type="checkbox"/> Vaccinations                         |
| <input type="checkbox"/> Worker injury prevention programs | <input type="checkbox"/> Employee physical examinations       |
| <input type="checkbox"/> Health screenings                 | <input type="checkbox"/> None of the above                    |

Note: this is a required component. To be eligible for the Workplace Wellness Grant Program, a worksite wellness program must provide at least one of the listed programs or services.

**TIME PERIOD AND EXPENDITURES**

**6. What is the 12-month time period that you are submitting expenses for? (e.g., 06/01/2014 to 05/31/2015)\***

Date range must be between March 15, 2014 and December 31, 2018.

Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
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**7. The following expenditures of the employer are being submitted for reimbursement at up to 30 percent of the expenses listed.\* Do not leave any fields blank. Enter 0 if you have no expenses in a category.**

Amount	Category
	Personnel/staff time
	Health risk assessment
	Education Programs
	Behavior change programs (campaigns, challenges, etc.)
	Equipment
	Incentives (cash, prizes, etc.)
	Contracted services
	Total (reimbursement will be 30% of this amount)

**FOR INFORMATIONAL PURPOSES ONLY**

Listed below are industry standards for common expenses incurred by worksite wellness programs. The numbers are simply a guide to inform you of approximate costs you might expect in implementing a wellness program.

**\$100 - \$400 per employee/year = Total Cost for a comprehensive wellness program (not including large equipment purchases)**

**Personnel/Staff Time:** Varies by percentage time and hourly rate

**Health risk assessment:** \$50 - \$80 per employee

**Biometric screening:** \$50 - \$80 per employee

**Education programs:** Webinars (minimal), onsite presentations \$0 - \$250

**Behavior change programs (campaigns, challenges, etc.):** \$500 - \$5000 Equipment: Varies

**Incentives:** \$50 - \$1000 (cash, prizes, etc.)

**Contracted services:** Varies by service and hourly rate (ex: coaching \$100/hour)

**NOTE:** Allowable expenses do not include any amount paid to acquire, construct, rehabilitate, remodel, or repair real property. The department reserves the right to request receipts for expenses that are significantly above the industry standard costs. Examples of industry costs are provided above.

**AFFIRMATION**

**8. I attest to the following elements of my application:\***

- I did not have this workplace wellness program in place within a one-year period prior to March 15, 2014.
- I'm a Wisconsin employer with an Employer Identification Number associated with 50 or fewer total employees.
- My answers to the required questions are accurate
- The expenses listed in the expenditure report are accurate and only apply to the Wisconsin employees of my business.
- I have not previously received a grant from this program.

Yes  No Note: this is a required component. A "No" answer means you are not eligible for the Workplace Wellness Grant Program.

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**9. Please read the two reimbursement methods available and indicate how you would like to be reimbursed.\***

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- Credit Card – To be reimbursed via a credit card, a Wisconsin Department of Health Services representative will contact you by phone to obtain your credit card information necessary for the reimbursement transaction.  
**Note: A completed W-9 form will need to be submitted through this method of reimbursement.**
  - Check – To be reimbursed via a check, the check will be mailed to the worksite address provided in Question 1. This process will take longer than via credit card.  
**Note: Both a completed W-9 and STAR Vendor Information form will need to be submitted through this method of reimbursement.**
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**Step 2 – Required attachment(s).** To complete Step 2 and get information on how to download and send the required form(s), go to: [www.dhs.wisconsin.gov/physical-activity/worksite/](http://www.dhs.wisconsin.gov/physical-activity/worksite/).