

Workplace Wellness Space Grants

Application Period: April 1–26, 2024

GUIDELINES

OVERVIEW

The purpose of the **Workplace Wellness Space Grants (WWSG)** program is to provide up to \$5,000 per workplace to create a wellness space. The grants will help workplaces set up dedicated wellness spaces for employee relaxation, safe social interaction and work collaboration to decrease stress levels and increase team building. Employees are looking for mental health and wellbeing support now more than ever before.

The grants are made possible through a partnership between Kaiser Permanente and the Oregon Educators Benefit Board (OEBB).

Be sure to register for the WWSG April 10, 2024, 3:30-4:30pm Application Webinar:

- Learn about the application process
- Learn tips for preparing a strong application
- Learn about tools/resources available for extra support
- To register for the webinar: <u>2024 KP OEBB Workplace Wellness Space Grants</u>

APPLICATION SUPPORT: After reviewing this document, please contact Liz Schwarte at Liz@adlucemconsulting.com if you feel you need help preparing your application.

If you applied in the past and were not awarded a grant, we strongly encourage you to participate in the application webinar; please reach out to liz@adlucemconsulting.com for support to develop a strong application.

ELIGIBILITY

School districts/individual schools/workplaces that offer Kaiser Permanente health insurance through OEBB are eligible to apply. Applicants must be tax exempt.

While school district applications covering multiple schools will be prioritized for funding, individual schools may apply for the KP/OEBB Workplace Wellness Space Grants. If your district is *not* applying, please share these guidelines with the health/wellness leads and/or principals at the schools in your district.

Eligible applicants:

- School Districts
- Individual schools
- Public Charter Schools

- Education Service Districts
- Community Colleges
- Local government
 - City, County or Special District (per ORS 198)

Only one application per school district/individual school/workplace will be accepted and

<u>reviewed</u>. Please work with the employees at your school district/individual school/workplace to determine what your workplace needs to create a wellness space and submit a <u>single</u> application. We will only review one application for each school district/individual school/workplace.

Although priority will be given to applicants not previously funded through this grant program, school districts/workplaces that were awarded a grant in previous grant cycles are eligible to reapply to reach additional schools/locations if they have successfully completed their past grant(s).

Applications from School Districts:

- School districts may apply to create wellness spaces at up to four individual schools.
- School districts must determine a shared approach to creating wellness spaces at the schools
 covered by the application and describe a plan for how the district will coordinate across the schools
 to implement grant activities and obtain supplies.
- Applications from school districts will receive priority in funding decisions.

Applications from Individual Schools:

- If you are an individual school applying for this grant a requirement is that you talk with a high-level district representative to get their approval for your application.
- In the application you will be asked to provide the name, title and contact information for the district representative that approved your application. We want to make sure that all grant applications are submitted in accordance with district policies.

APPLICATION GUIDELINES

Successful applications will describe:

- Clear, specific rationale for why the wellness space is needed including specific characteristics of the school/workplace and employees that will benefit from the wellness space
- Identified/designated employee only space approved by leadership
- Detailed steps that provide a clear understanding of what will be done to create and activate the wellness space
- If training/professional development is included, the application should include a clear description of why the training is needed and how it will support activation of the wellness space.
- Employees responsible for the creation of and maintenance, and communications for the space, providing a concrete plan that illustrates a clear path to project success
- How wellness space features will promote employee relaxation, interaction and collaboration
- Plan to maximize employee utilization of the wellness space
- Plan to maintain the wellness space over time
- For school districts: plans for taking full advantage of this funding to work in as many schools in your district as possible (up to four schools per grant cycle)

Wellness space requirements:

- Dedicated space for employees (adults only, no students)
- A separate room or a dedicated space (within an existing room) for wellness

Wellness spaces must include a quiet area for meditation and/or mindfulness

Grant funds may be used to support:

- Wellness space renovations to create an appealing, calming environment (e.g., paint, floor coverings, window coverings, lighting, artwork)
- Furniture to facilitate safe interaction and team building (e.g., tables and chairs, couches)
- Equipment to facilitate relaxation and stress reduction (e.g., yoga supplies, light physical activity equipment, audiovisual equipment to play meditation videos, mindfulness podcasts, music)
- Training or professional development (in person or virtual) that enhances the benefits of the wellness space and leads to ongoing employee wellness and relaxation practices (e.g., a train-the-trainer workshop on mindfulness that includes a plan for periodic refresher trainings)

Grant funds are not allowed to support:

- Salary support for any employee
- One-time activities or events
- Food/water or food preparation/cooking equipment
- Supplies the workplace will not be able to purchase after the grant ends (e.g., essential oils)
- Incentives such as t-shirts, gift cards, water bottles or other promotional items

Grant Logistics:

- Grant awards are up to \$5,000 per individual school/workplace or up to \$20,000 per district for wellness spaces in up to four schools
- Grant implementation period: June 2024 March 2025
- Application must be supported by leadership. In the application, you will be asked to submit a high-level administrator's name and contact information as evidence of their approval for this project.
- Identify a project lead and administrative lead (if different).
- Only one application per school district/individual school/workplace.
- All grants will be administered by Community Partners, a partner organization with Kaiser Permanente and Ad Lucem Consulting.
- Grant funds will be distributed by Community Partners.
- If awarded a grant, grantees agree to:
 - Complete brief progress and grant-end surveys describing how funds were used
 - Participate in an interview to discuss the grant experience if requested
 - Submit photographs and accompanying signed releases for promotional and informational materials, if requested
 - Notify Kaiser Permanente about any planned media (e.g., press releases, articles), acknowledge Kaiser Permanente in media, and share media with Kaiser Permanente
 - Display wellness posters provided by Kaiser Permanente in the wellness space
 - Partner with Kaiser Permanente to share wellness space successes
 - One year and three years after your grant ends, complete a brief survey on wellness space maintenance, utilization and technical assistance needs.

Required Documentation:

• Grant Budget. Click here to download the budget template.

Funds can go directly to tax exempt school districts/schools/workplaces or to a non-profit fiscal agent (such as a school district foundation). You will need to submit **one** of the following forms of documentation:

- IRS 501c3 Status Letter (for non-profit fiscal agents)
- Current tax-exempt determination letter from the Internal Revenue Service
- A letter from the Chief Financial Officer or a Certified Public Accounting Firm, indicating that the school district/workplace has been granted tax exemption
- A copy of the statute/charter or enabling legislation establishing the school district/workplace

Please click <u>here</u> to see the resources for developing an application. The resources are under the "Application Resources" tab.

If the link does not work, please copy and paste this URL into your browser:

https://communitypartners.org/landing-page/kaiser-permanente-oebb-guidelines/

SUBMISSION INSTRUCTIONS

The application submission period is from April 1 – April 26, 2024.

We highly recommend that you download and complete the Word version of the application prior to going to the online form. Please observe the word limits and red asterisks denoting required questions. When online, please copy and paste your answers into the online form from the Word version.

Prior to preparing your application, review the <u>model budgets</u> carefully.

Please note: If the model budget link does not work, please copy and paste this URL into your browser:

https://communitypartners.org/files/documents/KPOEBB/cycle3/Sample%20Budgets%202022.pdf

Ready to apply? Enter your online application when the link opens April 1, 2024.

PLEASE NOTE: You MUST use Google Chrome to properly access the Submittable application.

Please click <u>here</u> to view the Submittable FAQ for guidance on submitting your application online.

The grant application for Workplace Wellness Space Grants will be open from April 1, 2024 – April 26, 2024. Applicants will need to create a Submittable account to apply, and upload required documentation.

As you fill out the online application, you will be able to save and return to it at a later time.

Community Partners strongly recommends submitting the application at least 5 days before the deadline to give ample time to troubleshoot technical issues.

Complete applications are due by April 26, 2024, 5pm Pacific Time.

If you have any technical assistance questions, please contact Kahlil Gasper, Community Partners Senior Program Manager, at (213) 346-3200 ext. 296 or WorkplaceWellness@communitypartners.org.

APPLICATION
Please complete this statement: * I am submitting a proposal for (select only one):
School District
☐ Individual School
☐ Public Charter School
☐ Education Service District
Community College
☐ Local government
 City, County or Special District (per ORS 198)
Only tax exempt school districts/schools/workplaces that are insured though OEBB and offe Kaiser Permanente health insurance are eligible to apply.
My organization offers Kaiser Permanente health insurance through OEBB*
Yes No (not eligible to apply)
My school district/school/workplace is tax exempt: *
Yes No (not eligible to apply)
Applicant Information
Has your school district/school/workplace ever received a Workplace Wellness Space Grant?
☐ Yes ☐ No
If yes, which years? (Check all that apply).
□ 2019
☐ 2021
☐ 2022
☐ 2023
If your grant was awarded in 2023, what is the status of your Workplace Wellness Space project? (Select one.) Completed
Mostly Done

☐ Halfway Done ☐ Initial Stages (NOTE: Y application.)	ou are ineligible to apply for this grant cycle. Please do not complete an
School District/ School/Workplace Name: *	
Street Address: *	
City: *	
State: *	
Zip: *	
Phone Number: *	
Will an organization serve	as the fiscal agent (e.g. 501c3 such as school district foundation)? *
☐ No	
If yes , please provide us th	he following information below for the fiscal agent (all fields are required):
Organization Name: *	
Street Address: *	
City: *	
State: *	
Zip: *	
Email: *	
Phone Number: *	

Note: You will need to attach one of the following:

- IRS 501c3 Status Letter (for non-profit fiscal agents)
- Current tax-exempt determination letter from the Internal Revenue Service.
- A letter from the Chief Financial Officer or a Certified Public Accounting Firm, indicating that the school district/workplace has been granted tax exemption.
- A copy of the statue/charter or enabling legislation establishing the school district/workplace.

To assure we have the necessary information if you are awarded a grant, please provide the name of the school district/school/workplace the check should be made out to including the tax identification number.

Make Check Payable to:	
Tax ID #: *	

Project Lead

The project lead will serve as the main contact for this project, and if awarded, will oversee the activities described in the application.

Name: *	
Title: *	
Email: *	
Phone Number: *	

Will the project lead also be the fiscal/administrative lead? *

Yes No

If **no**, please provide us the contact information for the **fiscal/administrative** lead:

Name: *	
Title: *	
Email: *	
Phone Number: *	

Leadership Support

For district and workplace applicants other than individual schools:

Please submit the name of a high-level administrator (e.g. school district superintendent/assistant superintendent, dean, director) as an indication of their support and approval of this project.

Name: *	
Title: *	
Email: *	
Phone Number: *	

For individual school applicants:

	applications are submitted	in accorda	nce with district policies.	
	have communicated with a hipplication. Yes — Complete informatio No — You are not eligible t	on below.	etrict representative and have the a	approval to submit this
		_	strict administrator (e.g. school distant as an indication of their support a	
	Name: *			
	Title: *			
	Email: *			
	Phone Number: *			
N	ndividual Schools/Districts Note: If a school district is app he schools included in the app	lying on be	half of up to four schools, please լ	provide <u>aggregate</u> data for
	Number of	Schools: *		Enter a number only
	Please list the schools incluance app	uded in the olication. *		Example: ABC Elementary School, XYZ Middle School, and Our Town High School
	Total Enr	rollment: *		Enter a number only
	% Students Eligible fo Reduce	or Free and ed Lunch: *		Enter a number only
		Grades: *		Example: K-6
	Total Number of Em	ployees: *		Enter a number only
۷	Norkplaces:			
	Number of Em	ıployees: *		Enter a number only
	Describe the unique charac your employees: (e.g. n speakers, low wage earners diverse et	on-English		Enter a number only

• If you are an individual school applying for this grant, a requirement is that you talk with a high-level district representative to get their approval for your application. We want to make sure that all grant

Grant Request

Grant awards are up to \$5,000 per individual school/workplace. School districts applying on behalf of up to four schools must submit a request for all schools combined. **Model Budgets:**

Kaiser Permanente OEBB Workplace Wellness Space Grants -Model Budget for 4 Schools

Description	Quantity	Unit Price	Total
Love seats	8	\$499	\$3,992.00
Side tables	8	\$125	\$1,000.00
Bean bag chairs for relaxation corners	8	\$125	\$1,000.00
Light exercise equipment combo sets	8	\$300	\$2,400.00
Dining tables with 6 chairs	4	\$1,050	\$4,200.00
Soothing décor	4	\$600	\$2,400.00
"Modern Mindfulness" train-the-trainer workshop for staff wellness teams	1	\$1,550	\$1,550.00
Framed inspirational wall posters	8	\$125 \$200	\$1,000.00
Area rugs		Subtotal: mber only):	+/
Shipping Costs	(Enter a nui	mber only):	\$850 \$19,992.00

Kaiser Permanente OEBB Workplace Wellness Space Grants - Individual School/Workplace Model Budget

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Description	Quantity	Unit Price	Total
Amazon hand weight sets	4	\$28.49	\$113.96
Sonos compact Bluetooth speaker	1	\$149.00	\$149.00
Gaiam yoga mats	6	\$35.00	\$210.00
Amazon soothing artwork set for office	1	\$38.00	\$38.00
Target curtains with rods	4	\$65.00	\$260.00
Paint 3 gallons	3	\$59.99	\$179.97
Crate and Barrel throw pillows	8	\$24.99	\$199.92
IKEA sofas	2	\$599.00	\$1,198.00
Ikea coffee table	2	\$79.00	\$158.00
CB2 rug	1	\$510.00	\$510.00
Wayfair armchairs	4	\$228.00	\$912.00
Wayfair standing lamps	2	\$79.00	\$158.00
6 panel room divider	2	\$189.00	\$378.00
		Subtotal:	\$4,464.85
	Sales Tax (Ent	er a number only):	
Shipp	ing Costs (Ent	er a number only):	\$350.00
		Total Request:	\$4,814.85

When using the online form, you will need to upload a budget (Click here to download the budget template) at the end of the application and indicate the total amount requested. Please note: If the link does not work, please copy and paste this URL into your browser:

https://communitypartners.org/sites/default/files/documents/kaiserpermanente/oebbworkplace2019/KP%20OEBB%20Wellness%20Grant%20Budget%20Template.xlsx

Make sure that your amount requested matches the budget you attach.

Amount Requested (Up to \$5,000 per workplace): *		Enter a number only
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Will you use other funds/in kind resources to implement this project? (Examples: grants, maintenance personnel, contributions from local businesses, etc.) *

☐ Yes ☐ No	
If yes , describe the source of those funds or in-kind contributions: *	
Word limit:	L50
Describe why your workplace needs a wellness space: *	
Identify the specific wellness needs of your workplace's employees (e.g. employees experienced a	
traumatic event, high stress levels, lack of social interaction). If your application includes	٠
training/professional development, make sure to describe why this is needed to enhance the benefi	
the workplace wellness space. Include any data (e.g. employee survey or health screening results) yo have about your employees' health/wellness.	u
Tave about your employees meaning weinness.	
Word limit:	250
Word mine.	
List the specific step-by-step activities to create the wellness space (please use bullets): *	
Only include activities that are feasible to implement within your grant budget within the	
implementation period.	
School district applicants, please include: how you will determine a shared approach to creating	
wellness spaces at the schools covered under the application; plans for how the district will coordinate	te
across the schools to implement grant activities and obtain supplies.	
Word limit:	250

How will the wellness space support employee wellness and address the needs you described above?

•	ace you propose will reduce employee stress and promote safe r ration. If you include training/professional development in your	,
	rill contribute to reducing employee stress and promoting emplo	yee
eiiiess.		
	Word	limit: 250
escribe your plans to maxim	nize use of the wellness space and how future employees will b	e orientec
using the wellness space.*		
	Word	limit: 250
	Word	limit: 250
•	to assure the wellness space is well maintained (e.g. regular cl	eaning,
pairs are made, materials a		eaning,
pairs are made, materials a	to assure the wellness space is well maintained (e.g. regular cl	eaning,
pairs are made, materials a	to assure the wellness space is well maintained (e.g. regular cl	eaning,
pairs are made, materials a	to assure the wellness space is well maintained (e.g. regular cl	eaning,
•	to assure the wellness space is well maintained (e.g. regular cl	eaning,

How will the wellness space change the culture/environment or priority placed on employee health/wellness at your workplace? If your application includes training/professional development, please describe how it will enhance the benefits of the workplace wellness space.*

Examples:

- The wellness space provides a welcoming, positive and peaceful place for staff.
- The majority of employees takes a daily mindfulness/meditation break in the wellness space.
- Leadership includes discussion of wellness space utilization/benefits at meetings.

Only include changes that are feasible to make within your grant budget during the eight-month implementation period.

#1*	Word limit: 25
#2*	Word limit: 25
#3	Word limit: 25
#4	Word limit: 25

How did	vou hear	about this	grant op	portunity?	(Check all th	nat apply.) *

Ш	Email announcement
	OEBB representative
	School Employee Wellness Conference
	OEA Choice Trust
	Kaiser Permanente representative
	Other:

Please note: You will be asked to upload required documents at the very end of the online application form.