

**OEA Choice Trust Employee Wellness Grant Program: Spring 2017**

**Application Cover Page: Organization Information**

|  |  |
| --- | --- |
| Organization Name: | |
| Address: | |
| Superintendent: | |
| 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): |
| Number of School Staff Served by Grant Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Grant Amount Requested for this Grant Year (July 2017-June 2018): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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 of the above information is true and correct.

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

Superintendent Signature/ Date Print Name

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

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

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

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

OEA Choice Logo

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

*A Wellness Grant Program for Oregon School Employees*

**Grant Application Guidelines**

**Our Mission**

*We provide expertise and resources to help Oregon public school employees create*

*comprehensive and flexible wellness programs to build a culture of wellness that becomes*

*the norm in school workplaces. We prioritize quality service and partnerships that*

*support a journey to wellness.*

**Our Vision**

*All 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*

*health for students and are better equipped to foster student success.*

OEA Choice Trust recognizes many diverse health and wellness issues face different school districts, ESDs, and community college locations; that’s why our School Employee Wellness Grant Program is designed to allow the flexibility to design and tailor employee wellness programs to best match the unique goals and needs of local districts to promote the physical, emotional and social well-being of all staff.

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

1. Improve the health and resilience of school employees by focusing on a holistic approach that includes the essential elements of well-being:[[1]](#endnote-1)

* **Purpose:** Liking what you do each day and motivated to achieve meaningful goals.
* **Physical:** Having good health and enough energy to get things done daily.
* **Social:** Having supportive relationships and social connectedness.
* **Emotional:** Having positive emotions, satisfaction with life, and flourishing.
* **Financial:** Managing one’s economic life to reduce stress and increase security.

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

* Policies, practices, and environments that promote the social, emotional and physical well-being of employees.
* Visible 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 health and well-being as the norm rather than the exception at their school.

**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, and absenteeism.
* School employee wellness programs are evidence-informed and use best practices to achieve desired goals and results.
* Employee wellness programs are integrated into school/district programs, practices, and policies to create a culture of health and well-being.
* 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 supported across the entire school community and district.
* Healthy, resilient staff model healthy behaviors and resiliency skills for students to support their healthy development and academic success.

**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-2) 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 bottom line.
5. School: K-12 Oregon Districts, Community Colleges, and Education Service Districts.
6. Long term Goal: A goal describes the overall direction and focus of your program and is the foundation for developing program objectives.
7. Objectives: describe the changes expected as a result of your program actions to achieving a goal.
8. Actions: describe strategies that need to be taken to achieve your SMART objectives.
9. 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.
10. The physical environment*:* the structure and function of the environment and how it impacts health. 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. 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 Wellness Grant Awards:**

OEA Choice Trust Employee Wellness Grant awards are a maximum of $75,000 for school employee wellness programs that will be implemented within 5 years. Annual grant awards range from $2,500 to a maximum of $25,000 per grant year. Grantees will be required to provide a minimum of 50% in matching funds either 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 or community partnerships.

OEA Choice Trust will accept only one grant proposal from a School District, Education Service District or Community College during the same grant period.

**Example**: Grant amount applied for = $5,000; local contribution / in-kind donations must equal at least a combined total of $2,500.

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

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

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

**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 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**

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| --- | --- |
| **Important Dates and Deadlines** | **Grant Proposal Benchmarks** |
| **November, 2016** | OEA Choice Trust Announces Employee Wellness Grant Request for Proposals  Local School Districts Develop Employee Wellness Grant Proposals  OEA Choice Trust staff will be available by phone and email to address any questions and clarify grant requirements. Please contact Inge Aldersebaes at [inge@oeachoice.com](mailto:inge@oeachoice.com) or 503-495-6254 |
| **April 15, 2017** | **Deadline for receipt of full Grant proposals** |
| **April – June 2017** | Evaluation Review Period by OEA Choice Trust Team |
| **June 11-12, 2017** | Proposals presented to OEA Choice Trust Board of Trustees’ for review & grant award decisions |
| **June 30, 2017** | Announcement of School Employee Wellness Grant Awards  (*Check our website for listing of previous grant recipients*) |
| **July 2017** | Award letters, Terms and Agreement Forms mailed |
| **July 2017 and June 30, 2018** | Interim Progress and End of Grant Year Reports are due each grant year. Continued 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 16 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 your full grant proposal.

1. **Grant Application Cover Page with all required signatures**

* *Form included in proposal packet*

1. **Program Title and Summary** (1 page maximum) Include the following:
2. The name of your employee wellness program.
3. The employee group(s) that will be served by your school/district’s employee wellness program.
4. Describe why addressing school employee health and well-being matters to your school district community.
5. **Describe your school district and community:**
6. What is your mission, the number of schools in your district, student population, staff population and geographic area you serve? Highlight two to three key facts that best describe your school district. Describe past efforts to promote employee wellness, lessons learned and accomplishments.
7. **What employee health and well-being need(s) does your program address?**
8. What critical health condition, health risk or health/well-being needs & interests will your 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 your school staff across your district community.
9. **Program Description:** Provide a concrete description of your proposed program and how it will address the health and well-being goals and needs of your school staff.
10. What is the long-term goal or expected result of this program?
11. Describe how administration and leadership at all levels will actively communicate and demonstrate the importance of your school employee wellness program.
12. Describe how the district and union leadership will work together to ensure the success of your school employee wellness program.
13. Describe how school employees have been involved in the planning of your school employee wellness program.
14. Describe how your employee wellness program will be communicated and promoted to all school employees.
15. Describe how current and new community partnerships will support your school employee wellness program. Please be specific in describing the type of support your local community is providing to promote the health and well-being of your school employees.
16. Describe how you will share your employee wellness program successes and lessons learned with your school district and community.
17. **Grant SMART objectives:** Develop program objectives and describe specific action steps that will be implemented to achieve each objective for the grant year July 2017 to June 30, 2018 using the action plan template provided in this grant packet.

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

Actions: list all actions that will be implemented to achieve your objective.

1. **Action Plan:** Provide a clear detailed action plan for implementation **–** use template provided as part of this grant application. The timeline for your completed action plan is this grant year July 2017 to June 30, 2018. Please note the maximum annual grant request is $25,000.
2. **Project Coordinator:** Identify who will serve as your school employee wellness project coordinator(s), briefly describe his/her responsibilities for the project and how he/she will be supported by your district to complete grant responsibilities.

Please identify the financial contact for the grant and provide his/her contact information. The financial contact should be someone within the district that OEA Choice Trust staff can communicate with regarding budgetary matters.

1. **Measure of Success:** List desired outcomes and key measures that your school district will track to demonstrate progress toward your long-term goal and grant SMART objectives. Briefly describe how your school district will collect and use information/data for each outcome measure listed.

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.

Meaningful evaluation of a program can touch on the following employee and worksite areas:

• Employee participation

• Employee satisfaction

• Improvement in knowledge, attitudes and skills to improve employee health behaviors

• Changes in behaviors, habits and health risks

• Changes that have created a more supportive and healthier workplace environment

• Improvements in sick leave use and workers’ comp claims and costs

OEA Choice Trust has 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, check out Step 6 in the Blueprint for School Employee Wellness at <http://www.oeachoice.com>

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

1. **Describe how the school employee wellness program will be sustained once the grant period ends.** Describe your plan for securing the financial, human and in-kind resources needed to support your employee wellness program during and after the 5 year grant period.
2. **Project Budget** (3 pages maximum, your budget worksheet and narrative will not be included as part of the maximum page limit)
3. Itemized project budget with narrative (please use budget worksheet form)
4. **Letters of support** from community partners, Superintendent, school employees and other stakeholders is required. Letters of support explain why stakeholders support your school employee wellness program and describe the type of support/commitment given to ensure success of your district’s school employee wellness program.

**Worksite Wellness Resources and Tools**

|  |  |
| --- | --- |
| **OEA Choice Trust’ Blueprint for School Employee Wellness Guide** | [www.oeachoice.com](http://www.oeachoice.com) |
| **Alliance for a 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) |
| **Directors of Health Promotion and Education’s School Employee Wellness Toolkit** | <http://dhpe.site-ym.com/?programs_sew> |
| **WELCOA – Wellness Council of America** | <https://www.welcoa.org/resources/> |
| **County Health Rankings in Oregon** | <http://www.countyhealthrankings.org> |
| **Oregon Educators Benefit Board** | [Oregon Behavioral Risk Survey for School Employees 2013](https://apps.state.or.us/Forms/Served/oe9956.pdf) |

**OEA Choice Trust Wellness Grant Program**

**Budget Worksheet and Narrative**

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 and detailed description for all budget items. Explain expenses of each budget item and how the expenses were calculated. 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 that is reflected for each budget category must match the amounts described in the budget narrative.
4. 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.
5. Your budget worksheet and budget narrative should be consistent with your proposed action plan for the grant program year July 2017 to June 30, 2018. For each budget category, identify the Smart Objective(s) that are carried out as a result 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;**
* **Funding the Grantee’s other programs; or**
* **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: | | | | | |
|  |  | $ | $ | $ | $ |
| Budget Item(s) Narrative: | | | | | |
|  |  | $ | $ | $ | $ |
| Budget Item(s) Narrative: | | | | | |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | $ 1,080 | $ 3,380 |
| 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. $$/hour to use facility based on District facility use policy  $1,080 for in-kind contributions from instructor for price break. | | | | | |
| Overarching\*\* | Wellness Coordinator Stipend | $ 2,025 | $ 100 | $ 1,890 | $ 4,015 |
| 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. for 75 hours. To include payroll taxes and benefits  $675 In-kind for payroll taxes and 2 professional days for grant reporting at $27/hr. x 16 hours = $432 and $243 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 | | | | | |
| **Totals for each column** |  | **Total Grant Request**  $3,825 | **Total Local Contribution**  $600 | **Total In-kind Donation(s)**  $2,970 | **Total Project Cost**  **$ 7,395** |

**\*\***Supports all Smart Objectives in Action Plan.

**OEA Choice Trust Wellness Grant**

**Action Plan Template**

**Grant Project Year: July 2017 to June 30, 2018**

**SMART Objective #1:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? | What evidence is needed to demonstrate implementation of each Action Step? |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |

**SMART Objective #2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? | What evidence is needed to demonstrate implementation of each Action Step? |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |

\*Consider developing 3-4 SMART Objectives for your school employee wellness program.

**Action Plan Example**

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

**SMART Objective #1:** *By May 2017, 75% of school employees will know their blood pressure number as measured by end of year survey.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Step** | **Lead Person(s)** | **By When?** | **Resources** | **Evidence of Success** |
| Key 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? | 1) What evidence is needed to demonstrate implementation of Action Steps? |
| 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. |

**How to Develop SMART Objectives**

Specific: What will change? For Whom?

Measurable: How much change is expected?

Achievable: Can we get it done in the proposed time frame with the resources and support we have available?

Relevant: Does it address the health priorities of your employees and have an effect on your goal?

Timeline: By when will objective be accomplished?

**SMART Objective Example**

What will change?

* Walk daily during fitness challenge

For whom?

* Pleasant Valley School Staff

By how much?

* 60% of Pleasant Valley School Staff walking

When will the change occur?

* By May 30, 2014

How will it be measured?

* Log daily walking as measured by pedometers during the fitness challenge; wellness coordinator collects walking log weekly to track participation

*By May 30, 2014, 60% of Pleasant Valley Elementary School Staff will walk daily during the fitness challenge as measured by pedometers and weekly log submitted to wellness coordinator.*

**More SMART Objective Examples**

*By May 30, 2017, 40% of school employees will participate in School Employee Wellness (SEW) program activities to improve their health and wellness as measured by SEW program sign in sheets and annual SEW program survey.*

*By May 2017, increase the number of school employees who have attended at least one healthy eating education program by 10% as measured by class sign in sheets and surveys.*

*By May 2017, increase the number of school staff meetings offering healthy food/snack choices available to employees by 10%.*

*By December 2016, 45% of school employees will participate in blood pressure screening and access follow up education as measured by annual SEW program survey.*

*By May 2020, decrease the total number of days staff are absent due to illness as measured by tracking monthly absenteeism rates and annual SEW program survey.* **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, principals and union presidents
* Completed Grant Application
* Action Plan with SMART Objectives
* Completed Grant Budget Worksheet with 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 **April 15, 2017** to Inge Aldersebaes at:

**MAIL:**

OEA Choice Trust

Attention: Inge Aldersebaes

6900 SW Atlanta Street, Bldg. 2

Tigard, OR 97223

**ELECTRONIC:**

inge@oeachoice.com

**FAX:**

(503) 624-3994 – Attention: Inge Aldersebaes

**CONTACT PERSON:**

Inge Aldersebaes, Director of School Employee Wellness

**Phone:**

(503) 495-6254 (Direct)

(503) 799-8322 (Cell)

Please email your questions to Inge Aldersebaes at [inge@oeachoice.com](mailto:inge@oeachoice.com).

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