



Healthy Workplace Initiatives Program Application Form

Important Notes:

- Failure to follow funding guidelines may result in the exclusion of your application. Please read through the criteria for more information on how funding will be awarded along with funding exclusions.
 - Please be sure to also read the [external service provider guidelines](#) carefully and include all required documentation with the application.
 - The money granted is to be used as a start up fund and not as a means of funding the entire initiative or sustaining it on an ongoing basis.
 - **Deadline for submissions is at 4:30 pm, the date specified on the website.**
 - Please submit a **single** application via email to: hpp.info@ubc.ca; or via campus mail to: Health Promotions Coordinator, UBC Human Resources, Vancouver campus.
 - Funding decisions will be made by the Healthy Workplace Initiative Program Adjudicating Committee comprised of staff and faculty from Vancouver and Okanagan campuses.
 - All applicants will receive written notification of the outcome of their application.
 - Assistance with the application process is recommended and is available up to 7 days prior to the application deadline. Please contact Miranda Massie, Health Promotions Coordinator (UBC Vancouver), at miranda.massie@ubc.ca or 604-822-8762 or Tracey Hawthorn, WRAP Coordinator (UBC Okanagan), at tracey.hawthorn@ubc.ca or 604-827-8183
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Healthy Workplace Initiatives Program Application Form

Department/Unit:	Campus:
Main Contact Person Name and Title:	
Address:	
Email:	Phone Number:
Secondary Contact Person Name and Title:	
Address:	
Email:	Phone Number:
Director or Head Name and Title:	
Director or Head Signature:	

**(if your initiative involves more than one department/unit, please include signatures of all directors/heads of involved departments/units)*

Total Amount of Funding Requested: \$

Has your department received funding in the past?	YES	NO
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If yes, please specify the year, the round and the nature of the initiative.

Speedchart:

Account Number:



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**If you are unable to fit all of your comments in the provided spaces, please attach any additional supporting documents to the application.*

Program information:

1. Please outline your proposed healthy workplace initiative, and to whom it will be offered.

2. How did you determine that this is the best initiative for your staff/faculty health needs?

3. How often and for how long will the initiative run? (e.g. one class/week for 12 weeks)



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4. How many staff and/or faculty within your department/unit will have the opportunity to take part in this initiative?

5. Please outline your proposed expenditures and list any additional sources of funding (e.g. \$75/class X 10 classes= \$750).

Please specify the monetary commitment from the department, unit and or individual participants towards the initiative or the sustainability of the initiative.

6. How much per person will this initiative cost?

Criteria information:

A. Please explain how your proposed initiative will promote the longevity and health of the UBC Workforce.



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B. Please outline your long term plan to demonstrate how your department intends to sustain the initiative after the funding period.

C. Please explain how the proposed initiative targets one or more of the current [areas of health](#) used by UBC Health and Wellbeing.

D. Please describe the involvement of staff/faculty within the unit in the determining the need and/or design of the initiative.



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E. Please explain how designated champion (s) from within the unit will be responsible for sustaining ongoing programming.

F. Does this initiative involve existing UBC expertise, resources, programs or locations?
If not, please explain why. (*e.g. yoga providers through UBC REC*).

G. If your initiatives will involve an external service provider, have you ensured that the proposed provider meets all of the external provider criteria? ***Please attach all required documentation to the application.***

YES

NO

H. If not granted funding for your full initiative, would you be interested in partial funding for a portion of your application, or partnering with another department implementing a similar initiative?

YES

NO



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I. Please outline how you plan to publicize your initiative to your target audience.

J. Please describe what outcomes you are hoping to achieve through this initiative. What will success look like?
