



Healthy Workplace Initiatives Program
Application Form

Evaluation Criteria

[A] Needs Assessment	Evidence that effort was made to determine fit and suitability of the selected initiative.
[B] Health Dimensions	Demonstrated understanding of the associated areas of health benefits.
[C] Outcomes	Evidence of strategic thinking/planning regarding the potential benefits of the initiative.
[D] Sustainability	Demonstrated commitment to ongoing support within the department.

Applicant Information

Department/Unit Name:	Campus:
Contact Person 1, Name and Title:	
Email:	Phone Number:
Contact Person 2, Name and Title:	
Email:	Phone Number:

Selected Initiative

Drop down



a place of mind

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If you selected option g) Innovative New Idea, please fill in the following:

Describe your proposed initiative in detail and include a sample budget.



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Financial Information

Speedchart #:	Account code:
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Director Endorsement

Name:	
Title:	
Unit/Dept:	
Campus location:	
Email:	
Phone:	
Signature of director:	
