



Instructions

- Complete all fields in this application. BWC cannot process incomplete applications.
An officer, partner or owner must sign this application.
Obtain and complete the following forms from Ohio Shared Services by logging on to http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx: Supplier Information form; direct deposit form; and W-9 tax form.
Mail the completed forms to Ohio Shared Services, P.O. Box 182880, Columbus, Ohio 43218-2880.
If you have questions, call 1-877-644-6771.
Complete the Safety Management Self-Assessment (SH-26) online if you have not completed it within the last year.
The assessment is available by logging on to www.bwc.ohio.gov/employer/forms/SafetyMgtSelfAssessment/Default.aspx.
Download and sign the Workplace Wellness Grant Program contract. Access the contract by logging onto www.bwc.ohio.gov/employer/programs/safety/WellnessGrants.asp. Mail the signed contract to the address below.

Employer information
Name of employer and DBA
Federal tax ID number
BWC policy number
Address
City
State
ZIP code

Contact information for Wellness Grant Program
Employer contact name
Title
Phone number (with extension)
Fax number
Email address

Eligibility requirements
You must complete the items below for BWC to determine workplace wellness grant eligibility.
1. Do you currently have a wellness program using a health-risk appraisal (HRA) and a biometric assessment both of which measure health-risk factors?
2. Do you currently have a wellness program with health promotion programs and activities (such as health coaching, walking challenges, etc.) that are designed to address the health-risk factors for appraisal and biometric?



Industry type/Total employee information

Employer industry

Total number of employees

Budget

You may use the workplace wellness grant for items such as HRAs, biometric screenings, awareness training, health-coaching services and the development of a workplace wellness program.

You may NOT use the workplace wellness grant funds for employee incentives, recouping the cost of any prior and/or ongoing wellness program or fitness/exercise equipment. In addition, you may not use workplace wellness grants to pay for salaries, wages, internal labor or any costs associated with preparing the application.

Please provide the estimated budget for your wellness plan.

Table with 2 columns: Type of service, Estimated cost. Multiple rows for data entry.

Narrative

All other answers require an explanation.

Employer profile

1. Provide a description of your organization and business.

Four horizontal lines for text entry.

2. What difficulties have you encountered in the past when trying to implement wellness in your company?

- | | |
|--|---|
| <input type="checkbox"/> Lack of financial resources | <input type="checkbox"/> Union contract restrictions |
| <input type="checkbox"/> Lack of human resources | <input type="checkbox"/> Lack of awareness regarding benefits |
| <input type="checkbox"/> Low to no return-on-investment | <input type="checkbox"/> High absenteeism/turnover |
| <input type="checkbox"/> Lack of upper-management support | <input type="checkbox"/> Remote work locations |
| <input type="checkbox"/> Low employee interest or participation | <input type="checkbox"/> Never tried to implement a wellness program before |
| <input type="checkbox"/> Concerns about legal issues | <input type="checkbox"/> No difficulties |
| <input type="checkbox"/> Concerns about confidentiality of health data | |
| <input type="checkbox"/> Other: | |

3. Have your employees completed a HRA within the last 12 months?

- Yes. Please check at least one. Explain who provided the service and how the information was used.
- | | | |
|---|---|---|
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Health fair, other | <input type="checkbox"/> Spouse's insurance carrier |
| <input type="checkbox"/> Health fair, workplace | <input type="checkbox"/> Insurance carrier | <input type="checkbox"/> Primary care physician |
| <input type="checkbox"/> Other: | | |

How was this information used?

No

4. Have your employees completed a biometric screening within the last 12 months?

- Yes. Please check at least one. Explain who provided the service and how the information was used.
- | | | |
|---|---|---|
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Health fair, other | <input type="checkbox"/> Spouse's insurance carrier |
| <input type="checkbox"/> Health fair, workplace | <input type="checkbox"/> Insurance carrier | <input type="checkbox"/> Primary care physician |
| <input type="checkbox"/> Other: | | |

How was this information used?

No



5. What wellness program elements have been in place over the last 12 months? Identify all that apply.

- Physical fitness component (e.g., walking)
Weight-management program
Nutritional counseling
Educational sessions
Other health promotion activities:
Health fairs
Discounts
Incentives
None

Four horizontal lines for providing additional details for question 5.

Proposed program

All other answers require an explanation.

1. How many employees are interested in participating in a wellness program? _____

2. Please explain your company's wellness culture and commitment to wellness by selecting any of the statements below: Required to check at least one.

- There is clear upper-management and supervisor support for wellness.
Wellness committee or wellness coordinator is present at the work site.
Vendor and employer are working together to collect HRA and biometric data.
Wellness is a clear priority and appears in the mission statement, goals or objectives for the company.
Other:
Health promotion programming is appropriate for workplace.
Supportive, health promoting environment is present.
Outcomes from wellness program are evaluated.

Four horizontal lines for providing an explanation for question 2.

3. Provide a timeline for the implementation of your wellness program. The timeline begins after BWC approves you for a grant. The dates may be approximate, but please take note of the expected sequence of events.

Zero to three months

- 1. Select a wellness vendor
2. Provide a copy of the vendor contract to BWC
3. Educate and recruit employees to participate
4. Develop wellness team
5. Complete HRAs
6. Complete biometrics screenings
7. Meet with vendor to discuss results
8. Post aggregate HRA and biometric data and employee data in WWGP progress look-up
9. Employer must complete online the SH-26 if not completed within last year.
10. BWC will process grant funds upon receipt of aggregate data, employee data and completion of SMSA.
11. Receipt documentation is due to BWC within three months of reporting aggregate data and employee data.

Three to six months

- 1. Employer meets with vendor to identify health promotion programs and services
2. Employer develops a written wellness program

Six to nine months

- 1. Employer and wellness vendor implement health promotions and services

Nine to 12 months

1. Employer to integrate wellness into his/her business plans _____
2. Employer to provide BWC with his/her completed year-end case study **one year from the date of the grant check**. Requirements for the case study are on the WWGP Web page.
3. Employer will continue into his/her next year as directed in a letter/email from BWC within two to three weeks of submitting the case study.

Year two, three and four

- a. For years two, three and four you will not complete an application; BWC will use information from your case study each year to base approval. You will receive a letter/email from BWC with instructions for next steps when approved.
- b. The requirements listed above for year one are also applicable for years two, three and four.

Owner/partner/officer statement of agreement

By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or, misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget.

Owner/partner; officer name

Title

Signature

X

Date