

## 2024 mspWellness Microgrant Program

### APPLICATION

**Before beginning your submission, we encourage you to review the [mspWellness Microgrant overview document](#).**

Workplace wellness programs contribute to a healthier, happier, and more productive workforce. Businesses and organizations are eligible to receive a Microgrant if:

- They are located in Minneapolis and/or have a presence (branch) in Minneapolis.
- They have a minimum of 10 employees and fewer than 100 employees.

**These microgrants are funded by the Minnesota Department of Health Statewide Health Improvement Partnership grant (SHIP). They will be administered by the Minneapolis Health Department and awarded by the Minneapolis Regional Chamber. Please note that by submitting this application, you are agreeing to, if accepted into the program, comply with reporting requirements in accordance with the Minnesota Statewide Health Improvement Program (SHIP) of the Minnesota Department of Health. See the overview document linked above for more information.**

#### Business Profile

- Business/ Organization Name
- Business/ Organization Address
- Business/Organization Website

#### Total Number of Full Time Employees or Equivalent

- 10- 20
- 20-40
- 40-60
- 60-100

#### Designated Project Lead Information

- Contact First Name
- Contact Last Name
- Contact Job Title
- Contact Email Address
- Contact Phone Number

## Secondary Contact Information

- Contact First Name
- Contact Last Name
- Contact Job Title
- Contact Email Address
- Contact Phone Number

## Worksite Wellness Program

- Do you currently have a workplace wellness committee or similar employee wellness group?

*A worksite wellness committee engages employees in the formation and implementation of worksite activities, gathers feedback and measures outcomes*

If yes, please tell us about your current wellness committee structure and priorities:

- Do you currently have an employee wellness program(s) in place?

*Worksite wellness refers to the education, activities, and benefits that a company may offer to promote healthy lifestyles to employees and their families. Examples include health education classes, subsidized use of fitness facilities, breastfeeding support spaces, policies that promote healthy behavior and other programs.*

If yes, please provide more information about your current program:

## Project Narrative Questions

If your application is approved and you are accepted into the 2024 mspWellness Microgrant Program, you will be asked to implement a project at your worksite which addresses a specific need or challenge related to employee wellness. Before answering the below questions, please consider the project you would like to propose for the Microgrant program, and refer to the Program Overview document for more information. Please answer the project narrative questions as specifically as possible. Applications which outline clear and detailed projects will be prioritized for funding.

- What will be the focus of your mspWellness Microgrant project? Please select one of the categories below:
  - **Breastfeeding Support**
  - **Healthy Eating**
  - **Physical activity**
  - **Commercial Tobacco-Free workplace**
  - **Wellbeing**

- Please briefly describe your proposed project and the steps you plan to take to implement the project successfully:

*Projects should seek to implement a change through organizational policies, systems, or environments - see program overview document for more information*

- Why and how did you choose this project?
- How will you ensure the proposed wellness project continues beyond the funding period?
  - Convene a wellness committee
  - Create a wellness plan with clear goals
  - Develop a written policies focused on improving employee wellness
  - Conduct assessments to identify new wellness opportunities
  - Request employee feedback on project and/or new projects
  - Other: (add text box)

- How will you share news and information about your project with your employees? What information do you intend to share?
  
- Check all of the below that apply to your organization:
  - Has an employee base with more than 50% of employees over the age of 45
  - Has an employee base with more than 20% limited or non-English speaking workers
  - Has an employee base with more than 20% of employees with an education of high school diploma or less
  - Has an employee base with more than 20% of workers experiencing health disparities as identified through local or county-specific data
  - Focuses on serving populations experiencing health disparities as identified through local or county-specific data
  
- Please include an itemized budget, using the template below, with an explanation of how funds will be used (estimated amounts are ok):

ESTIMATED BUDGET	
PERSONNEL	
Category	Amount
Staff time (specify hourly rate and total expected time to support program implementation, communication and evaluation)	
<b>PERSONNEL TOTAL</b>	<b>\$</b>
OTHER EXPENSES (SUPPLIES, ETC.)	
Supplies	
Other (please specify)	
Other (please specify)	
<b>OTHER EXPENSES TOTAL</b>	<b>\$</b>
<b>Estimated total project cost</b>	<b>\$</b>