Wellness Ambassador Mini Grant Program – 2019-2020

The Mini Grant Program helps Wellness Ambassadors realize their vision for the health and well-being of individuals in their departments. Wellness Ambassadors can apply for up to $500 in funds to help create and implement health and well-being initiatives for their departments.

Guidelines for Wellness Grant Funds:

- A maximum of $500 annually will be awarded to each department
- The funds should be used to directly impact the participants’ health in a measurable way
- All employees or faculty members in a unit or department must be able to participate in the activities/programs/events
- All expenditures and the programs they support should comply with all University regulations
- Wellness Ambassadors must provide reporting on the outcome of the programs, including:
  - The number of participants in each department or unit
  - Photos documenting activities/events
  - Documentation of health-related, participation or satisfaction outcomes
  - Ideas for how the programs will be maintained over time (if applicable)
  - Information on the proposal and total costs should also be shared with the account manager in your department for reimbursement purposes

Funds must be spent and all receipts/invoices must be submitted by Friday, June 5, 2020. Outcome Report due to wellbeing@ucdavis.edu by Friday, August 7, 2020.
Wellness Ambassador Mini Grant Application Form

Wellness Ambassador Name(s):

Wellness Ambassador Email Address(es):

Wellness Ambassador Telephone Number:

Department Name:

Department Address:

Please provide any additional details regarding your department as needed (e.g., includes staff/faculty who are not in my department but share the same floor, includes our staff/faculty at only one of our buildings, etc.):

Number of staff potentially impacted by the grant:

Number of faculty potentially impacted by the grant:

Number of others (e.g. student employees or interns) potentially impacted by the grant:

Amount requested (Max $500):

Wellness Ambassador Signature:  Date:
I have performed a needs assessment and/or key informant interviews in my department or unit that supports my application. Y/N

I have completed the Healthy Department Certification within the last year. Y/N

My Department Chair is aware of and supports this grant application. Y/N

My Department Account Manager/Business Office is aware of and supports this grant application. I have confirmed that the purchasing process outlined below is feasible. Y/N

I understand that all funds must be spent and all receipts/invoices must be submitted by Friday, June 5, 2020.

I understand that this is a one-time reimbursement based grant and my department is responsible for setting up a 75041 account number as well as budgeting, organizing and/or purchasing grant funded items.

Please answer the following questions:

1. Describe the programs or initiatives that will be supported by the wellness grant.

2. How will these programs or initiatives be implemented within your department or unit? Describe communication plans, event dates and locations, and explain who will be responsible for scheduling or coordinating efforts among staff and faculty.

3. What are the intended outcomes of your planned programs or initiatives? How will you maintain these programs in the long run?
4. How does your unit plan to evaluate the outcome of the program or initiative? Evaluations can inform whether the program or initiative was impactful or not and how it might be modified.

5. Please include a detailed list breaking down the costs of your proposal (this should match items outlined in your budget below).

**Budget Template:** please list the item, how much it costs and the number you plan on purchasing. Please take into account taxes and shipping. Total should not exceed $500.

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