

King County *Balanced You* Worksite Fund **2019 APPLICATION QUESTIONS**



Applications must be received by July 3, 2019 at 5 p.m.

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CONTACT INFORMATION AND LEADERSHIP APPROVAL

Instructions: Provide the information requested below. Applicants are welcome to apply as one work unit or partner with other co-workers across King County.

Project Title: _____

Requesting Department / Division / Agency/ Group: _____

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Secondary Contact Name: _____

Secondary Contact Email: _____

Secondary Contact Phone: _____

Did your group apply for a 2018 Worksite Fund grant? Yes No

Was your group awarded a 2018 Worksite Fund grant? Yes No

To the best of my knowledge, all information provided in this request for funding is true and accurate. I approve and support this project application. I understand that, if this project is approved for funding, the person(s) implementing this project will be required to submit periodic status updates and a final report. Balanced You may request that the results of this project be presented in person at a meeting or other venue.

Primary Contact Signature:

Secondary Contact Signature:

Department/Division/Agency Leadership Name:

Department/Division/Agency Leadership Signature:

APPLICATION QUESTIONS

Instructions: Answer each question below. [Sample projects are provided on page five of the application](#). Creative project ideas are welcome! Please note the maximum word limit after each question. If you are filling out the application by hand and need additional space, blank paper can be used.

1. Select one category that most closely aligns to your project. (See [sample projects on page five of the application](#) for examples.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Environment / Safety | <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Social connection |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Physical activity | <input type="checkbox"/> Multi-topic / Other: |

2. Describe the group of employees who will benefit from your project. This can include employees' different interests, cultures, schedules, abilities, job types, job location, etc. (Maximum words: 300)

3. Describe your project, including why and how you chose it. Keep in mind any learnings from the 2018 Employee Engagement Survey (<https://www.kingcounty.gov/audience/employees/employee-survey.aspx>).

If your project addresses an inequity, please explain here. Inequity includes difficulty accessing resources and services due to race, gender identity, sexual orientation, income, accessibility, proximity to services, transportation, work hours, etc. (Maximum words: 500)

4. Tell us the main steps you'll take to complete this project. Include steps showing how you will advertise the project or engage a variety of employees. The anticipated time-period for project implementation is August 2 – November 29, 2019.

	Step	Approximate date	Who is responsible?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

5. Explain how the project will improve employees' health, well-being, and/or safety. What does success look like? (Maximum words: 300)

BUDGET TEMPLATE

Instructions:

1. List each item on a separate line.
2. If specific dollar amounts are not known at this time, please provide a reasonable estimate and include "Estimate" in the Description column.
3. [See page 13 of the application for some cost estimates](#), including equipment kits, workshops and classes.
4. If your project requires the services of the Facilities Maintenance Division (FMD), please include [projected FMD costs](#) in your budget. More information can be found on [page 14 of the application](#).

Item	Description	Justification	Amount	Quantity	Total
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Amount Requested (Total cannot exceed \$5,000, including any applicable sales taxes)					\$