



## **Worksite Health/Wellness Grant Guidelines NESC Health School Insurance Pool**

### **Grant Rationale:**

Since “health” is an implicit goal in health care delivery, health promotion activities are important to our members, employer groups and the regional insurance pools. Furthermore:

- Discretionary work site dollars are increasingly scarce
- New plan designs encourage informed, personal health management
- Grant-based activities complement other health and wellness components already imbedded in many health plans such as the fitness discount, Healthy Start, Chronic Condition and Disease Management.
- Members have requested resources and support in the areas of health and wellness
- Worksites offer opportunities for research-based results (modeling, social support)

### **Suggested Activities:**

- Brown bag lunch series with health/wellness speaker/presenter
- Fitness equipment for checkout such as canoes, kayak's, etc
- Prevention clinics (e.g. flu shots, bp monitoring) when not offered through the plan
- Incentives (prizes, gift cards) for a physical/wellness challenges/contests
- Monthly/weekly staff “salad bar” luncheon and/or school cafeteria “salad bar” luncheon
- Healthy snacks (fruit, veggies)
- Exercise/wellness/health promotion media (DVD's, books) to give away or lend
- Health/wellness newsletters/publications...device-based applications
- Special health/wellness events
- Committee liaison or communication efforts (w/local resources, regional centers, Blue Cross)
- CPR/First Aid training for staff
- Exercise equipment (treadmill, elliptical, stationary bike)
- Pedometers, hand sanitizers, first aid kits, blood pressure cuffs, other monitors
- Exercise mats, jump ropes, exercise classes
- Bicycle racks for commuters, incentives for non-motorized commuters
- Seed money for other and matching grants/activities
- Other locally-based and/or cooperative initiatives

### **Allocation Formula:**

Groups less than 50 contracts:                   \$250 base per group plus \$10.00 per contract  
Groups of 50 or more contracts:               \$500 base per group plus \$10.00 per contract

Once approved by the NESC health insurance pool, priorities and allocations for health/wellness grants will be at the discretion of the local employer and staff *within the intent of the program.*

### **Eligibility:**

**School groups must submit a signed District Eligibility Application Form prior to funds being released**

All active group members at the time of the disbursement of grant funds.

Grants will be released after September 1, 2017 for the School Insurance pool.



**Northeast Service Cooperative  
School Insurance Pool – Worksite Health/Wellness Grant Program  
District Eligibility Application Form: **To be completed by the School District****

\_\_\_\_\_ Public Schools, ISD # \_\_\_\_\_, requests Worksite Health/Wellness grant dollars from the Northeast Service Cooperative (NESC) School Insurance Pool as outlined in the Worksite Health/Wellness grant guidelines.

As recommended by the Northeast Service Cooperative School Pool Advisory Committee and adopted by the Northeast Service Cooperative Board of Directors, we, the undersigned, have read, understood and accepted the program guidelines, eligibility criteria and application procedures of the NESC School Insurance Pool Worksite Health/Wellness grant program and request the release of funds as outlined in the program.

We further understand and accept that the NESC School Insurance Pool governance process, as described in the joint powers authority and administered through operational procedures, retains final authority over this program and administration of grant dollars, including but not limited to grant-related related disputes.

**Form to be signed by representatives of the largest labor group in the District.**

\_\_\_\_\_  
District Labor Representative

\_\_\_\_\_  
District Management Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Labor Representative

\_\_\_\_\_  
District Management Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Labor Representative

\_\_\_\_\_  
Date



**Northeast Service Cooperative**

*Collaborating to meet your changing needs*

## **NESC WORKSITE WELLNESS GRANT ACTIVITY REPORT**

*For Grant period* \_\_\_\_\_

Site Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator (s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Wellness Activity Description**

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**Expense:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

### **Wellness Activity Description**

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**Expense:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_