

# 2023-2024 ACTIVE SOUTHERN WV CAPACITY BUILDING GRANT APPLICATION

## PURPOSE

Active Southern West Virginia, along with WV Health Promotion and Chronic Disease, is funding workplaces across West Virginia to increase access to healthy food, physical activity and other strategies to improve employee wellness. Worksites must have at least one employee who is Work@Health® certified. These one-time Capacity Building Grants are \$1,500 per workplace.

## GRANT APPLICATION GUIDELINES

Applications for the 2023-24 grant cycle will be accepted on a rolling basis. Capacity Building Grants are competitive. Each application will be objectively ranked by a selection committee using a scoring rubric. The total number of projects funded is dependent on the requested amounts and the strength of the proposals. Projects may receive partial funding.

## FUNDING GUIDELINES

- Limit all incentives to \$25 or less per item
- No more than 50% of the budget can be for incentives
- No more than 20% of the budget can be for purchasing food
- You must have at least 1 employee who is Work@Health® certified

## GRANT CANNOT BE USED TO FUND:

- Activities taking place at school during the school day
- One-time events that are not aligned with long-term programming
- Clinical care
- Furniture (this does not include office workout equipment)
- Political purposes
- Publicity or propaganda

## APPLICATIONS MUST DEMONSTRATE THE FOLLOWING:

- Policy, systems, and environment change strategies
- A focus on Health Equity
- Sustainability
- Clear budget narrative

## BEFORE YOU BEGIN:

- Please download a paper copy of the application to preview the questions.
- This application is expected to take 20-30 minutes to complete.
- You will need a copy of the current version of your organization's W-9 to upload.
- You will need a copy of your 2023 CDC Worksite ScoreCard to upload.

Please contact Michael Fisher, ASWV Workplace Wellness Director, at Michael@activeswv.com if you have any questions or need assistance.

**PROJECT INFORMATION (5 points)**

**Project Lead Information:**

- Name: \_\_\_\_\_
- Organization: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

**Fiscal Agent Information:**

- Name: \_\_\_\_\_
- Organization: \_\_\_\_\_
- Address: \_\_\_\_\_
- Federal Employee Identification Number: \_\_\_\_\_

A W9 is required for funding to be dispersed for this project. Please attach your W9 to this application.

**Workplace Description**

Describe your workplace. How do you serve the community?

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**Project Information**

- Project Title: \_\_\_\_\_
- Project Date(s): \_\_\_\_\_
- Project Location: \_\_\_\_\_
- Total Funding Amount Requested: \_\_\_\_\_
- Total number of employees at your worksite: \_\_\_\_\_

**Project Reach**

Which county or counties does your project serve? Please select all that apply. To select multiple counties, please press the "ctrl" key on your keyboard when you click on the county names.

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Barbour    | <input type="checkbox"/> Kanawha    | <input type="checkbox"/> Preston  |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Lewis      | <input type="checkbox"/> Putnam   |
| <input type="checkbox"/> Boone      | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Raleigh  |
| <input type="checkbox"/> Braxton    | <input type="checkbox"/> Logan      | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Brooke     | <input type="checkbox"/> McDowell   | <input type="checkbox"/> Ritchie  |
| <input type="checkbox"/> Cabell     | <input type="checkbox"/> Marion     | <input type="checkbox"/> Roane    |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Marshall   | <input type="checkbox"/> Summers  |
| <input type="checkbox"/> Clay       | <input type="checkbox"/> Mason      | <input type="checkbox"/> Taylor   |
| <input type="checkbox"/> Doddridge  | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Tucker   |
| <input type="checkbox"/> Fayette    | <input type="checkbox"/> Mineral    | <input type="checkbox"/> Tyler    |
| <input type="checkbox"/> Gilmer     | <input type="checkbox"/> Mingo      | <input type="checkbox"/> Upshur   |
| <input type="checkbox"/> Grant      | <input type="checkbox"/> Monongalia | <input type="checkbox"/> Wayne    |
| <input type="checkbox"/> Greenbrier | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Webster  |
| <input type="checkbox"/> Hampshire  | <input type="checkbox"/> Morgan     | <input type="checkbox"/> Wetzel   |
| <input type="checkbox"/> Hancock    | <input type="checkbox"/> Nicholas   | <input type="checkbox"/> Wirt     |
| <input type="checkbox"/> Hardy      | <input type="checkbox"/> Ohio       | <input type="checkbox"/> Wood     |
| <input type="checkbox"/> Harrison   | <input type="checkbox"/> Pendleton  | <input type="checkbox"/> Wyoming  |
| <input type="checkbox"/> Jackson    | <input type="checkbox"/> Pleasants  | <input type="checkbox"/> Statewid |
| <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Pocahontas |                                   |

**Project Impact**

Which of the following populations will your project reach?

- Employees
- Employees and Immediate Families

**Work@Health®**

It is required for your worksite to have at least one Work@Health® certified employee. Please provide the name and email of the employee below:

- Name \_\_\_\_\_
- Email \_\_\_\_\_

Please provide the name and contact information below for any other employees who want to become Work@Health® certified:

	Name	Email
Employee 1		
Employee 2		
Employee 3		
Employee 4		
Employee 5		

### **CDC Worksite ScoreCard**

You are required to submit your 2023 CDC Worksite ScoreCard as part of this application process. You'll be asked to complete the ScoreCard again at the end of the grant period.

Please attach a PDF copy of your 2023 CDC Worksite ScoreCard to this application.

### **WORK PLAN (40 Points)**

#### **Policy, Systems, and Environment (PSE) Changes**

The Active Southern West Virginia Capacity Building Grant Program enables funded organizations to create sustainable health-promoting changes in the workplace through policy, systems and environmental (PSE) changes. **Your project must include a combination of at least three policy, systems, or environment changes.**

#### **POLICY CHANGES**

##### ***What is a Policy Change?***

Changing or implementing laws, regulations, rules, ordinances, or resolutions. Policy changes can be classified as *Big Policy Changes* such as changing policies at the national, state, or local governmental level or within healthcare settings, schools, communities or *Little Policy Changes* like internal changes to organizations or groups.

##### **Some Policy Change Examples:**

- We will implement a new policy in our workplace that allows for workers to take a 30-minute exercise break per day by the end of the grant cycle.
- We will implement a new policy in our workplace to improve access to physical activity or reduced sedentary behavior.
- We will implement a new policy in our workplace no sugar sweetened beverage for meetings and/or workplace vending and cafeterias.
- We will implement a new policy in our workplace to support flexible work scheduling.
- We will implement a new policy in our workplace to ban tobacco use in all forms on all



## SYSTEMS CHANGES

### What is a Systems Change?

Changing processes or practices of an organization, institution, or system to address the healthy change you are trying to make. Examples of organizations, institutions, or systems include communities, workplaces, schools, or health care systems.

### Some Systems Change Examples:

- Implement educational programming (i.e. lunch and learns, Walk with Ease, National DPP, TOPS, etc.) to improve key chronic disease indicators and educate employees on health lifestyles.
- Provide morning and afternoon physical activity breaks for employees.
- Educate employees about any preventive services and benefits covered by their health insurance plan.
- Make some or all company-specific health promotion programs available to family members.
- Provide healthy snack and beverage options during meetings and trainings.

**If you plan to implement systems changes, please provide a description of the activity and up to three action steps that will need to happen to successfully implement the systems change. Please include the target completion dates for each activity and the individual or organization responsible. As a reminder you are required to complete 3 PSE changes.**

If you do not plan to implement systems changes, please move on to the next question.

Systems Change	Action Steps	Target Completion Date	Individual/Organization Responsible
<b>EXAMPLE:</b> Implement educational programming (i.e. lunch and learns, Walk with Ease, National DPP, TOPS, etc.) to improve key chronic disease indicators and educate employees on healthy lifestyles	1. Use employee feedback and CDC Health Scorecard to determine 3 wellness topics of need and interests.	1/2/24	Melanie Seiler
	2. Schedule a series of lunch-n-learns for the topics. Secure a presenter to share educational material and provide an interactive component at each lunch-n-learn.	2/5/24	Michael Fisher
	3. Collect employee participant feedback	3/31/24	Michael Fisher

	and attendance for each session to gage level of success and participation		
Systems Change #1:			
Systems Change #2:			
Systems Change #3:			

**ENVIRONMENT CHANGES**

**What is an Environment Change?**

Physical, observable changes to the built, economic, or social environment. These changes can take place in stores, schools, workplaces, parks, rail trails, health clinics, offices, and communities.

**Environment change examples:**

- We will install ADA accessible playground equipment in a local park.
- Carpeted room designated for onsite classes for physical activity, healthy food/weight, or tobacco cessation.
- Offer or promote an onsite or nearby farmers market or other arrangement where fresh fruits and vegetables are sold.
- Onsite exercise facilities or walking trails, bike racks, etc.
- Lactation room, diabetes rest station, self-monitoring blood pressure stations, etc.

**If you plan to implement environment changes, please provide a description of the activity and up to three action steps that will need to happen to successfully implement the environment change. Please include the target completion dates for each activity and the individual or organization responsible. As a reminder you are required to complete 3 PSE changes.**

If you do not plan to implement environment changes, please move on to the next question.

<b>Environment Change</b>	<b>Action Steps</b>	<b>Target Completion Date</b>	<b>Individual/Organization Responsible</b>
<b>EXAMPLE:</b> Onsite exercise facilities or walking trails, bike racks, etc.	1. Gain approval from necessary leadership to secure space for onsite facility. 2. Survey employees to determine what fitness equipment they would most use. 3. Planning meetings to determine budget, facility layout. 4. Host grand opening and post a sign-in sheet to measure use of the facility. Track and update with new sign-in sheets monthly.	1/2/24  2/5/24  3/31/24  5/31/24	Melanie Seiler  Michael Fisher  Michael Fisher  Michael Fisher
Environment Change #1:			
Environment Change #2:			
Environment Change #3:			



## Key Partners

Do you have any key partners or stakeholders outside of your organization or workplace that will help you complete your project?

- Yes
- No

Which outside organizations are planning to help you carry out your workplan?

Some examples of potential partners:

- American Lung Association
- American Heart Association
- Divisions at the Bureau for Public Health
- Community-based organizations
- WVU Extension, etc.

	Representative	Organization	Role
Partner 1			
Partner 2			
Partner 3			
Partner 4			
Partner 5			

## EVALUATION (5 Points)

Assessing whether your project has been successful is an important part of any public health initiative. Evaluation is a tool that we use to examine how successful a project, program, or initiative is. It can also be used to find out what worked and what did not work so well in the process.

If your project is funded, the WV Prevention Research Center (WVPRC) will conduct an evaluation of your project to assess your impact. Your organization will be required to complete Mid-Year and Year-End Reports and will be asked to keep track of participant numbers, project reach, and success stories. For questions about the evaluation process, please reach out to Leesa Prendergast at: [eprendergast@hsc.wvu.edu](mailto:eprendergast@hsc.wvu.edu).

- By checking this box, I agree to work with the WVPRC to measure and track the success of my project.

Does the project evaluator differ than the project lead listed previously?

- No
- Yes

Who will complete the evaluation component of the project?

- Name \_\_\_\_\_
- Email \_\_\_\_\_
- Phone number \_\_\_\_\_

How will you know your project is successful? Consider both immediate and long-term successes.

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## HEALTH EQUITY (5 Points)

### *What is Health Equity?*

Health equity is achieved when everyone has the opportunity to live the healthiest life possible, regardless of their social position or other socially determined circumstance. In order to promote health equity, we must reduce existing health disparities by identifying and addressing specific gaps in health among historically underserved populations.

Your project must take health equity into account to be considered for the Capacity Building Grant.

- By checking this box, I pledge to take health equity into consideration for my project.

The following questions ask about specific populations experiencing health disparities in West Virginia, and how your project plans to reach and serve these populations. Please limit your selections to 4 populations.

After selecting the populations you will be working with, please provide a description on how you plan to reach and serve the population.

Some examples:

- If you are working with people who have disabilities, you may make sure that all events are ADA accessible.
- If you are working with children, you could be making all events and health initiatives open to family members.
- If you are working with single-parent households, you could have events during the day or provide flex time for people to exercise during work.

**Please select up to 4 populations you will intentionally reach and serve and how you plan to reach and serve the populations.**

- Low-Income

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- Uninsured or Underinsured

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- Racial or Ethnic Minorities

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- Older people (55+)

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People with Disabilities

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LGBTQ+

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Immigrants or Migrants

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Veterans

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People Experiencing or Recovering from Drug Addiction

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People Experiencing Homelessness

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Women

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Children

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People with Lower Levels of Education

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People who are Geographically Isolated

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Single-parent households

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Other (Please Specify)

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## **SUSTAINABILITY (5 points)**

### ***What is Sustainability?***

Sustainability is achieved when a program is able to continue after the initial grant funding has ended. This includes having the human, informational, technical, organizational, or financial resources available to continue the intervention or program.

- By checking this box, I pledge to plan for the long-term sustainability of my project.

## **SUSTAINABILITY**

Which of the following strategies will you use to ensure the sustainability of your project? Check all that apply.

- Create long-term policy change(s) (example: create a policy that states that food served to participants is healthy, create a tobacco policy in a workplace, adapt already existing policies to reflect current needs)
- Implement long-term environmental change(s) (example: provide a workout area to employees, make an enhancement to a trail, install a playground)
- Enable existing staff or group(s) to continue activities
- Create new staff position(s) or group(s) to continue activities
- Integrate changes into organizational practices or strategic plan
- Secure additional funding to continue activities after the grant cycle
- Create reusable educational materials (examples: training videos, recordings of classes, toolkits, etc.)
- Fundraising (example: participants pay a fee to participate, holding fundraisers)
- Identify partners or collaborators to complete certain aspects of project (example: identify partner organization to help maintain trails and signage in the future)
- Create tools to monitor and track project progress (evaluation)
- Increase or sustain buy-in from workplace leadership
- Other (Please Specify) \_\_\_\_\_

## **DISSEMINATION (5 Points)**

As a requirement, please indicate how you will share your work with other groups across the state. Please select 2. You are required to provide Active SWV with a copy of what you disseminated.

- Provide updates at funding organization meetings
- Write a newsletter article about project efforts for Active SWV which will also be highlighted on the Capacity-Building Grant website
- Present posters or presentations at state, regional, or national conferences, webinars, etc.
- Share project process on social media
- Work with mass media to share information about the project
- Other (approved by funding organization):  

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**BUDGET & JUSTIFICATION (20 points)**

If funding is requested for a category, a brief explanation or funding justification must be included. Be sure to identify the source of funds and any in-kind or cash contributions from collaborators, etc. **Request for funds cannot exceed \$1500.**

**Funds CANNOT be used for the following:**

- Personnel costs
- Gift Cards

**Funds CAN be used for the following:**

- Materials and supplies
- Equipment
- Printing and Postage
- Incentives and Promotional Items (no more than \$25 per item, no more than 50% of your budget)
- Food (no more than 20% of your budget)
- Other (describe)

Budget Item	Explanation	Unit Price	Quantity	Funding Requested	In-Kind Donations
			<b>TOTAL:</b>		

In the space below, please provide a budget narrative.

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## **SIGN & SUBMIT**

### **Affirmation of Validity of Application and Grantee Compliance**

If our worksite receives funding through the Capacity Building Grant Program, we agree to complete the following:

#### Related Activities:

- Our organization will participate in communication and promotion efforts related to the WV Division of Health Promotion and Chronic Disease funded projects.
- Funding organization team members may visit to learn about and visit funded projects. Your worksite will assist with facilitating these visit(s). You will be informed before any visit.

#### Financial Assurances:

- Capacity Building Grant awardees will comply with best practices for financial management of funds.
- All Capacity Building Grant expenditures will be documented.
- All financial documentation related to the Capacity Building Grant will be available for audit and provided upon request.

#### Project Completion:

- All project activities will be completed by June 30th, 2024.
- The project coordinator will be notified in writing if any circumstances change that may impact the ability to carry out the Capacity-Building Grant project.
- Final project reports and budget forms will be sent to the project coordinator by July 15th, 2024.

**By signing below, you agree that the information in this application is complete.**

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Name

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Date