Overview  
Be Healthy Berrien is a community-wide initiative aimed at reducing obesity and chronic disease in Berrien County through policy, system, and environmental change. The Be Healthy Berrien Steering Committee organizations include the Berrien County Health Department, Lakeland Health, Southwest Michigan Planning Commission, United Way of Southwest Michigan, Benton Harbor-St. Joseph YMCA, and Niles-Buchanan YMCA. Be Healthy Berrien partners are working to increase access to healthy foods, increase access to physical activity opportunities, and create healthy places everywhere our community members live, work, learn, and play.

Be Healthy Berrien received grant funding from the Michigan Department of Health and Human Services to implement portions of the Michigan Health and Wellness 4x4 Plan. A portion of this funding will be used to work with 20 worksites in the greater Niles area to help employees be physically active during the workday through new or improved worksite wellness programs.

Stipends of up to $500 and technical assistance will be given to worksites to improve their environment with items such as physical activity stations, bicycle racks, walking clubs, flex-time policies, or physical activity break policies. Selected worksites will utilize the existing Be Healthy Berrien Worksite Wellness Toolkit (<http://www.behealthyberrien.org/worksite_wellness/>) to implement policies and environmental changes that support physical activity. Projects must begin by May 23, 2016 and conclude by September 2, 2016.

# Application Guidelines

Applications must be typed in 12pt font within the space provided.

No additional attachments will be reviewed.

Applications are due on May 6 by 5:00 pm.

Applications should be electronically submitted to [communitydevelopment@nilesmi.org](mailto:communitydevelopment@nilesmi.org).

Award notices will be sent Monday, May 16, 2016

# Criteria for Applicants

1. Applicant must have a workplace located in the greater Niles community; including the City of Niles, Niles Township, and surrounding townships.
2. A minimum of 1/3 of the workplace’s employees must earn $13.32 per hour or less.
3. Preference will be given to worksites located within 1 mile of a cycling or walking trail, although all worksites are encouraged to apply.

# Exclusions to Funding

1. All worksites must be located in the greater Niles Community.
2. The funds must be used to purchase items to support a worksite policy, program or environmental change that you are implementing
3. The funds must be used to purchase items that benefit all employees participating in or affected by the policy/environmental change
4. Funding may not be used for individual prizes or participation awards
5. Funding will not be awarded without a complete application

# Selection Criteria

1. We will give priority to well-crafted proposals for innovative, scalable and cutting edge policy or environmental changes organization wide that address employee health and wellness needs.
2. You will be notified if your idea has been selected for a Be Healthy Berrien Microgrant by May 16, 2016.
3. Preference will be given to worksites located within 1 mile of a cycling or walking path, although all worksites are encouraged to apply.

# Payment Information

1. All grants are provided in the form of stipends to be used for the purchase of items to support a worksite policy, program or environmental change that you are implementing.
2. Examples of appropriate expenses include but are not limited to: Storage and equipment for on-site fitness activities, facilities for employees to freshen up after physical activity breaks, creation of walking paths, the development of a walking club, calendar programming/software that encourages walking meetings, employee training on walking meetings, secure bicycle parking/storage materials, stairwell enhancements to encourage stair-use.
3. A written request must be submitted prior to purchase and written approval is required from Heather Cole. This purpose of this prior approval is to ensure that the items meet the funding guidelines provided from the Michigan Department of Health and Human Services.
4. Invoices, requests for reimbursement, or purchase orders should be submitted by June 27, 2016 to:

Heather Cole

United Way Southwest Michigan

2015 Lakeview Ave.

St. Joseph, MI 49085

269-982-1700 ext. 25

[heather.cole@uwsm.org](mailto:heather.cole@uwsm.org)

Email us at [communitydevelopment@nilesmi.org](mailto:communitydevelopment@nilesmi.org) with any questions.

We look forward to supporting your idea!

## Workplace Wellness Funding Request

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| --- | --- | --- | --- |
| Name of Company |  | | |
| Address of Company |  | | |
| Company Telephone |  | | |
| Company Website |  | | |
| Name of Worksite (if different) |  | | |
| Address of Worksite (If different) |  | | |
| Workplace Contact |  | | |
| Contact Email |  | | |
| Contact Telephone |  | | |
| Company EIN: |  | | |
| Total number of employees at the worksite | |  | |
| Number of employees at the worksite earning **$13.32 per hour or less** | |  | |
| Number of total company employees (if different)? | |  | |
| Approximate number of patrons per week (if applicable) | |  | |
| Please provide the expected dates that the funds will be used (start date and end date). | | Start Date | End Date |

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| Project summary Please provide a brief description of the project and include how the funds will be used. |
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| Describe how this project will contribute to healthy workplace practices and/or policy changes company wide. |
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| What are the goals of this project? |
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| How will this stipend help support achieving these goals? |
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| What additional support (other than money) does this project need to succeed? For example, technical expertise, mentorship, etc. Be as specific as possible |
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| Do you have experience as a company with workplace wellness practices and/or policies? |
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