Please following the steps outlined below in order to complete the Grant Application.

* **Step 1: Identify types of items to request** – Key Leaders and other department stakeholders meet to discuss the well-being needs by work location and outline items to request.
* **Step 2: Involve department Finance staff** – Key Leaders meet with department financial staff to confirm whether funding is available, to review the FAQ’s, secure support if funding is approved and/or to purchase the approved item(s).
* **Step 3: Complete the Grant application** – Applications are **due August 16, 2019**. If you would like to discuss your application prior to submission, please contact a Well-Being Coordinator at [well-being@sfgov.org](mailto:well-being@sfgov.org) or call (415) 554-0643.

**2019 Grant Application information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Well-Being Champion** | **Department Lead for Well-Being** | **Department (Division/Sector) Director** | **Department Chief Financial Officer (CFO)** | **Department Accountant Supervisor** |
| Name |  |  |  |  |  |
| Department Code |  |  |  |  |  |
| Job Title |  |  |  |  |  |
| Work Address |  |  |  |  |  |
| Work Phone |  |  |  |  |  |
| E-Mail Address |  |  |  |  |  |

**CHARTFIELDS**

In the financial system, FSP, chartfields are numeric strings of data used to identify a department, project, division, or cost center, the department’s authority, and the interdepartmental billing account code where the Well-Being Grant entries will be made. Non-Finance personnel involved in the Well-Being Grants process should contact and work closely with their own Department’s Finance/Accounting/Budget staff in order to acquire the performing department’s chart field and account code (581xxx) information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fund** | **Department** | **Authority** | **Project** | **Activity** | **Account Code** |
|  |  |  |  |  |  |

**1**

**PROCESS and deadlines if AWARDED A GRANT**

1. The Champion, Dept. Lead, and financial staff members indicated on the application will be notified in late September.
2. Approved Grant funds will be transferred to the department no later than October 31, 2019.
3. The funds must be spent by May 31, 2020.
4. The funds must be allocated against the work order by June 2020.
5. Recipients will be required to report back on the implementation of the grant no later than June of 2020. Failure to do so will impact future grant applications.

For maintenance or ongoing fees associated with the Grant items being request, the requesting department will be responsible for funding such fees.

**CONFIRMATION AND REQUIRED SIGNATURES**

By checking the boxes below, you certify that you have:

Reviewed the Grant FAQ’s as a team and understand the various supports roles each person will play.

Confirmed no funds are available in the departments existing budget to pay for the items requested in this Grant application.

An annual plan for well-being is created and in place for FY19-20.

By signing and submitting this application, you and agree to follow the above process if approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Well-Being Champion Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Lead for Well-Being Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Accountant Representative Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chief Financial Officer Signature

**2**

**GRAnt Request**

**What?**   
Describe what the requested funding will be used toward.

|  |
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**REQUESTED GRANT AMOUNT**

Please select items from the approved list and include three quotes with your application. Quotes must include shipping/handling, taxes and installation where applicable. Please work with your finance team to identify city approved vendors in order to obtain a quote.

## If you are unable to obtain three quotes, please provide an explanation of the process you went through (who did you contact and when) to attempt to receive three quotes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quote 1** | **Quote 2** | **Quote 3** |
| Vendor Name |  |  |  |
| Full Equipment | $ | $ | $ |
| Contracted Services | $ | $ | $ |
| Incentives | $ | $ | $ |
| Total | $ | $ | $ |

## 

**3**

## **Rationale for Grant Request**

### Please answer all questions in detail about the following:

**Where and who?**  
Will this Grant be used for the entire department? Or is it for a particular worksite location? Specify the location and the number of people who work there. Explain who in the workplace will benefit from this Grant.

|  |
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|  |

## **why?**

How will this Grant impact employee well-being? How will this Grant will promote a workplace culture of well-being at your worksite?

|  |
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|  |

## **how?**

How will this Grant be promoted to employees? If requesting equipment, how will you train your employees on use of the equipment and how will you support the ongoing use of it?

|  |
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|  |

**4**

**When?**  
Provide a timeline describing the implementation plan.

|  |
| --- |
|  |

**SUSTAINABILITY?**

Grant funds are an avenue to provide resources on a short – term basis.If maintenance or ongoing fees are associated, they will be covered by the department. Please describe your departments sustainability plan for maintaining what is being requested in the Grant application.

|  |
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|  |

**5**