Appendix A – Application Questions

The Application will include the following information and must be submitted online using the Application link at https://form.jotform.com/healthydirections/Well_Worth_It_Award.

Organization Information

- Organization Name
- Contact name and title
- Address, city, state
- Phone
- Email
- Website
- Number of Employees

Health Awareness

Check all the tasks your organization has completed in assessment and health education areas. Add additional information if applicable.

Intervention Programs

Provide dates, description and participation percentages for each program implemented. These can include programs, provided information or campaigns.

Occupational Health & Safety Programs

Check all the tasks your organization has implemented in safety areas. Add additional information if applicable.

Policy & Organization

Check all the tasks your organization has completed and maintained in building a wellness program foundation. Add additional information if applicable.

Community Partnerships

Provide dates, description and outcome for each program you partnered with a business in your community.

Open Ended Responses

- Describe your greatest success this year. Include dates, participation, employee feedback and why it was a success.
- Describe your greatest barrier this year. Include why it was a barrier, how you overcame it and lessons learned.

- Explain one thing (program, change, communication, etc) you would like to change about your wellness program in 2019.
- Please share any additional information about your wellness program that you would like to highlight that you were not able to in the application.

Supplemental Materials

Provide any documentation you have of the following:

- Vision and mission statement
- Goals and objectives
- Wellness annual, quarterly or monthly plan
- Smoking policy if applicable
- Results from need and interest survey or program post survey
- Aggregate data that shows program, screening or campaign results
- Employee success story