

Work Well-Being Award Application

Applications accepted May 8, 2023 through May 3, 2024

Keep each application to 10 pages maximum including attachments. Each council can submit one application.

Return completed application to: wellnesscouncils@pehp.org

Organization Name: _____

Wellness Council Name: _____

Number of Employees at Your Worksite: _____

Person Completing Report: _____

Contact Person's Title: _____

Contact Person's Email: _____

Business Phone: _____

Organization Address: _____

How long has your Wellness Council been in place? _____

I have completed the [Worksite Wellness Scorecard](#) within the last 24 months.

Date completed: _____

Name of Activity or Initiative: _____

The activity or initiative described in the application addresses the following area(s) of well-being (may select more than one area):

Career/Occupational Well-Being

Emotional/Mental Well-Being

Social Well-Being

Financial Well-Being

Physical Well-Being

Community Well-Being

To what organization and/or individual should an award check be made payable:

To what address should a check be sent:

Work Well-Being Awards 2023-24

Please provide a response for each of the questions below:

1. In 1-3 paragraphs, describe the activity and how it was implemented. (For example, how did you decide to conduct this activity? What was the goal? How did you promote it? What was the timeline for planning and implementation? What resources were required?)
2. Describe at least two positive outcomes that were a result of the activity. (2-3 sentences)
3. What lessons were learned that could help you as you plan future activities? (2-3 sentences)
4. How did you evaluate the success of your activity? (For example, soliciting feedback from participants or conducting a survey) Include any data that will demonstrate the success of this activity (Number of participants, positive remarks, etc.) (2-3 sentences)
5. Provide documentation of your activity with attachments such as photos, flyers, promotional materials, emails, etc.

Application must be signed by the senior manager responsible for operations at the worksite applying for the award.

Printed Name: _____

Signed: _____

Title: _____

Email: _____