

Date: April 29, 2019

To: Schools Health Insurance Fund Commissioners and Wellness Coordinators

Re: 2019-2020 Wellness Grant Program

For the sixth year in a row, The Schools Health Insurance Fund is excited to offer an opportunity for school board entities to apply for a health and wellness grant for eligible employees. The Fund has budgeted \$327,000 for such projects.

To allocate the funds appropriately, each entity must select the grant level that will best meet their needs and which will also allow them to develop and sustain an employee wellness program OR opt out of the program entirely.

The following programs are available:

Option 1	Comprehensive Biometric Screenings – on site finger prick test for blood glucose,							
_	cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting							
Option 2	Comprehensive Biometric Screenings - on site finger prick test for blood glucose,							
	cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting							
	Tavi Health Wellness Challenges - Fun, engaging, and designed to impact a number of							
	health behaviors. Each challenge includes full access from the desktop or through the FREE							
	mobile app, which runs on Apple, Android, and Windows operating systems							
Option 3	Comprehensive Biometric Screenings - on site finger prick test for blood glucose,							
	cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting							
	Wellness Days – 2-3 times a year, the district may offer educational seminars, healthy cooking							
	instructions or light fitness classes to employees.							
Option 4	Design Your Own Program – This option will allow the district to continue with an existing							
	program or design a new wellness plan for this school year. Please include a detailed							
	description of the plan, timeframes and associated costs that the district will be responsible for							
	and total grant money requested by the Fund.							

Each option must include a Wellness Champion/Leader to encourage engagement and facilitate the program. Please submit who this representative and an optional stipend for this position.

The	Board of Education selects Option	and is
willing to commit to management resources and will be fi		
of the program, including employee incentives. The Scho	1 7 1	
Wellness Coordinator that must meet at least twice a year	that has the ability to lead and sustain the	program
after the grant is expended. The School Board elects		to be its

<u>*</u>	e paid \$ for the year. Please explain estimated hours of include total locations in your district. <i>Stipends may be adjusted</i>
The	Board of Education Opts out of the Schools Health
Insurance Fund Wellness Grant Progran	n entirely.
	Please send all completed and signed applications to: Emily Koval es 9 Campus Drive, Suite 216 Parsippany, NJ 07054 or email to:
Name:	
Title:	
Date:	

			SCHO	OLS H	EALT	H INS	URAN	CE FU	IND	
9 Campus Dr	rive suite 2	216								
Parsippany, I	NJ 07054									
Pay To :										
Address :										
Taxpayer Ide	ntification	ι#: 				Purchase	e Order #:			
	NOTE: All Bills Must Be Properly Certified Before Payment									
DATE					ITEM (C				TOTAI	
DATE					ITEMS				TOTAL	
						TOTAL	OF THIS E	BILLING		
			Claimant's Certification and Declaration							
I do solemnly dec	lare and certi	fy under the p	penalties of th	ne law that th	ne within bill	is correct in a	ll its particul	ars; that the	articles	
have been furnishe	ed or services	rendered as	stated thereir	; that no bon	us has been g	given or receiv	ved by any pe	rson or pers	ons	
with the knowledg	ge of this clai	mant in conne	ection with th	e above clain	n; that the an	nount stated	therein is just	ly due and o	owing and	
that the amount c	harged is a re	easonable one	. I further ce	rtify that I ar	n an Equal C	pportunity I	Employer and	that I have	complied	
with the Affirmat	ive Action re	gulations issu	ed by the Ne	w Jersey Dep	artment of tl	ne Treasury.				
** *						m		.		
Vendor's Sigr	nature					Title		Date		
	OFFICE	CEPTI	EIC A TION	т						
T 1		S CERTIF			ad orrani:		Signature:			
I, having knowledge of the facts, certify that the materials and supplies						Signature.				
have been received or the services rendered; this certification being based on signed delivery slips or other reasonable procedures.						Title:				
based of	ir signed den	ery sups or o	ther reasonat	ne procedure	5.		Title.			
APPR	ROPRIAT	ONS OR	ACCOUN	NTS CHA	RGED		F	AYMEN	T AUTHORIZI	ED
APPROPRIATIONS OR ACCOUNTS CHARGEI						Payment approved at a meeting on				
							Date			