

COSE Small Business Division Application Form 1-100 Employees

Organization InfoDate: _____
FOR PROFIT NONPROFIT

Name of Organization

Type of Organization

Address

City

State

Zip

Name and Title of Contact Person

Number of Employees

Business Phone

Ext.

Fax

Email Address

Name of Alternate Contact Person

Business Phone

Ext.

Fax

Email Address

Chief Executive Officer/Executive Director/President

Please describe your organization in the space below (services provided, product line, type of industry, etc.):



COSE Small Business Division Application Form

Describe your organization's position on **Working For Health:**

YES NO

1. Nutrition

- Healthy food and beverage choices are available in vending machines? YES NO
- Healthy food/beverage options are available in the office? YES NO
- Employees have access to microwave, refrigerator, kitchen, and safe food storage? YES NO
- Healthy nutrition initiatives/programs are being used? YES NO
- Weight management initiatives/programs are being used? YES NO

2. Physical Activity

- Does your organization provide:
Reimbursement for fitness club/gym memberships, fitness classes/aerobics/yoga/Pilates,
personal training, or gym equipment? YES NO
- Physical activity initiatives/programs to get involved in? YES NO

3. Drugs/Alcohol

- Does your health insurance policy include coverage for substance abuse treatment? YES NO
- Do you have a smoke-free workplace policy? YES NO
- Do you offer smoking cessation resources? YES NO

4. Stress/Anxiety

- Do you offer information on the causes of stress? YES NO
- Do you offer stress management and/or time management resources? YES NO
- Do you offer reimbursement for participation in time management or stress reduction programs? YES NO

5. Health Insurance/Leave

- Do you offer health insurance coverage for employees? YES NO
- Do you offer dental insurance coverage for employees? YES NO
- Do you offer vision insurance coverage for employees? YES NO
- Do you offer a life insurance plan for employees? YES NO
- Do you promote having employees obtain Preventive Care Visits and/or provide an opportunity
for on-site health screenings during business hours? YES NO
- Do you provide an opportunity for employees to obtain flu shots during business hours? YES NO
- How much paid sick leave do you offer employees? _____ days/year

6. Alternative Wellness

- Does your company engage in/practice holistic, alternative, and lifestyle health therapies?
(massage, acupuncture, nutritionist, etc.) YES NO

7. Health Education/Support

- Does your company provide/obtain an in-house Wellness Lending Library, disseminate health
education/communication materials? YES NO
- Does your company disseminate health insurance plan information and utilization tips? YES NO
- Does your company encourage completion of a Health Risk Assessment? YES NO
- Do your employees receive training in First Aid, CPR, or defibrillator use? YES NO
- Does your company establish a budget for wellness activities or support? YES NO
- Does your company provide sponsorship or support for regional health outreach events and
efforts in your community? (volunteer at events, sponsor a local charity race, host a team for
a cause, be involved in a community health day, etc.) YES NO



8. The following applies to the structure of your wellness initiatives:

- | | YES | NO |
|---|--------------------------|--------------------------|
| Do you obtain owner/management support of wellness objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you designated a company wellness leader? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a wellness committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you regularly conduct an employee health needs/interests survey? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you periodically review healthy workplace policies and procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you offer health insurance premium incentives for healthy behaviors? (tobacco-free, physical activity program participation, completion of Health Risk Assessment, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you utilize incentives to increase participation in wellness programs? | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe how you are **Working For Health** including specifics on the questions answered above:

If you answered yes to any of the above, please complete the following:

Initiative/ Program Description	# of participants engaged	How many successfully completed it?	Date of Inception	Length of Program	What did you do to make it effective?	Why was it a success?

Describe your organization's position on **Working For A Better Environment:**

- | | | |
|---|--------------------------|--------------------------|
| Do you offer waste reduction programs? (recycling, paper use reduction, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use green cleaning products in the workplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use recycled materials whenever possible? | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe how you are **Working For A Better Environment** including specifics on the questions answered above:

Describe your organization's position on **Working For A Work/Personal Life Balance:**

- | | | |
|--|--------------------------|--------------------------|
| Do you allow employees to work from home or telecommute? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you offer flex time for your employees? | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe how you are **Working For A Work/Personal Life Balance** including specifics on the questions answered above:

Describe your organization's position on **Working For Continuing Education:**

- | | | |
|---|--------------------------|--------------------------|
| Do you encourage and provide employees the opportunity to attend conferences? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you encourage and support ongoing professional development training? | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe how you are **Working For Continuing Education** including specifics on the questions answered above:



Describe your organization's position on Working For The Community:

	YES	NO
Do you offer volunteer service project opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer time off for volunteering?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have programs for charitable contributions/donations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide information on community resources? (volunteer opportunities, social activities, education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how you are **Working For The Community** including specifics on the questions answered above:

Describe your organization's position on Working For An Improved Standard Of Living:

What is the average yearly pay for your employees?	\$	_____
Do you offer bonuses/incentives for your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer a 401K or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer additional company perks?	<input type="checkbox"/>	<input type="checkbox"/>

Please describe how you are **Working For An Improved Standard Of Living** including specifics on the questions answered above:

If you answered yes to any of the above, please complete the following:

Initiative/ Program Description	# of participants engaged	How many successfully completed it?	Date of Inception	Length of Program	What did you do to make it effective?	Why was it a success?

Outcomes:

What is the average number of days of unscheduled absences (days taken without prior notice) for employees last year?
_____ days

What percentage of your workforce had an extended absence last year? (sick leave, salary continuance, short term disability, etc.) _____%

What was your company's voluntary turnover rate last year? (voluntary terminations only) _____%

Please include supplemental materials to provide evidence of assessment of needs, implemented programs, dissemination of programs, and the evaluation and success of programs. The entire application and supplemental materials may not exceed 20 pages. Anything after 20 pages will be automatically removed.

If you have completed this application with Adobe Acrobat reader, simply press the Submit Application button. Adobe Acrobat reader will use your email program to open a new mail message with a copy of this completed PDF file already attached. The email will be addressed to jroman@cmnh.org. Thank you for applying. Within one business week you will receive a confirmation email informing you that we have received your application. If not, please follow-up with a phone call and/or email to John Roman, Marketing & Events Associate at 216.231.4600 ext. 3369 or jroman@cmnh.org.