Memorandum of Understanding (MOU)

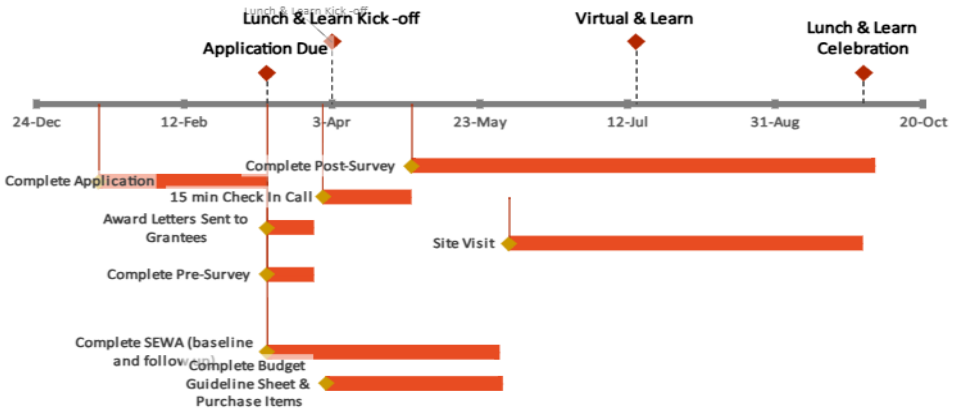
Recipient: # 06

Award Recipient:	City of Saint Paul		
Address:	873 North Dale Street	Saint Paul	Minnesota
Contact Name & Phone:	Kalia	Lee	(651) 266-9739
Contact Email:	Kalia.lee@ci.stpaul.mn.us		
Project Awarded & Amount:	Physical Activity Station		$700.00

A reminder of what we expect from you and what you can expect from us:

- Once you complete the items in the email and return this form, you may start your project!
- Please go over this timeline and MOU with your Wellness Committee.

2025 Workplace Wellness Timeline



- Pre-Survey and Post-Survey must be completed
- Your Wellness Committee must have a vision & mission statement, good representation + feasibility of your workforce, and meet on a consistant basis (at least 4x a year).
- Participate in a 15 minute check-in phone call end of March through end of April. This call is just to check-in on your progress and Budget Guideline Sheet.
- Participate in a site visit in June through end of September. At the site visit we will check in with members of your organization's wellness committee and evaluate your completed project.
- Members of your wellness committee will attend the required Workplace Wellness events scheduled from April to September. You may have up to 2 staff members attend each event and must be in your Wellness Committees. This could be a good opportunity to get more people in your committee involved.

• Grantees must create a Budget Guideline Sheet that is approved by MDH, and must abid by what items was approved. Reciept collection is required in order to be reimbursed for micro grant.

• Optional: Grantees to complete SEWA (SHIP Employer Wellness Assessment) by September 30, 2025

• Upon completion of the project your wellness committee will complete a post-survey that demonstrates any sustaining policy changes, guidelines or procedures adopted by your company or organization as a result of the Workplace Wellness Micro Grant. This helps us determine success and barrier!

• Projects must adhere to local, state, and federal laws. This includes, but is not limited to, that any land used for a project, like a garden or bike racks, must be owned by the grantee or the grantee must have expressed permission from the land owner. A Land Use Verification document must be submitted to maichee@stpaulchamber.com

• These workplace wellness grants are sponsored by SHIP and the Saint Paul - Ramsey County Public Health Department. SHIP is focused on making policy changes, such as making changes within an employee handbook or policy and procedures. For example, allowing mothers to take time for breast pumping, allowing for time for physical activity, or within a breakroom, it is encouraged to eat healthier foods and serve healthy foods at meetings. You will update your Employee Handbook by creating or adding new policy(s) in support of your selected project. Please send the updated portion to maichee@stpaulchamber.com for approval. We will provide resources if you need support developing policies for your selected project.

• Grant dollars may only be used on equipment that supports wellness projects. Examples of allowable expenses includes: arm chair, appliances, cutting board, gardening tools, bike rack, portable physical equipment, bike tools & accessories, and etc.

• Grant dollars **MAY NOT** be spent on consumable items and high-tech electronics. Examples of unallowable expenses includes: labor, contract, food & beverages, rent, leasing, electronics, subcriptions & memberships, vending machines, massage chairs, and etc.

• We will be a resource to you throughout this process. Please let us know if you have any questions, concerns, or issues that may come up. Our website www.stpaulchamber.com/workplacewellness.html will be updated regularly with support and resources for you as well.

By signing below, you acknowledge that you have read, understand, and agree to the Memorandum of Understanding (MOU) of the 2025 Workplace Wellness Grant.

Thank you again for partnering with us!

Print Title & Name	Authorization Signature	Date
A member from the management team is required to sign		

Kalia Lee		Date
Identified Lead for your Workplace Wellness Project		

Identify Second Point of Contact	Email/Phone

Strategic Initiatives Specialist, Maichee Xiong St. Paul Area Chamber	Date

Questions? Contact Maichee Xiong or email maichee@stpaulchamber.com