



Memorandum of Understanding (MOU)

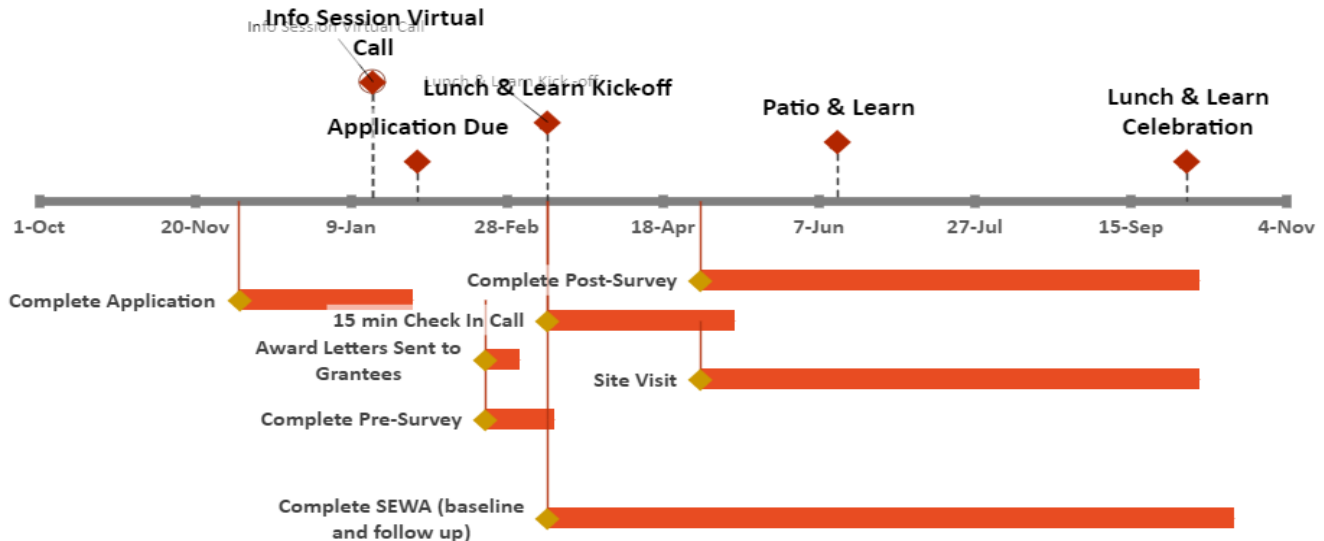
Recipient: # 10

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|---|------------|----------------|
| Award Recipient: Saint Paul Fire Station 24 | | |
| Address: 273 White Bear Avenue | Saint Paul | MN 55106 |
| Contact Name & Phone: Bridget | Hajny | (651) 228-6210 |
| Contact Email: bridget.hajny@ci.stpaul.mn.us | | |
| Project Awarded & Amount: <u>Break room, Breast feeding, Wellness room</u> | | \$1,700.00 |

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 to us we will send your grant award!
- Please go over this timeline and MOU with your Wellness Committee.

2023 - 2024 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 consistent basis (at least 4x a year).
- Participate in a 15 minute check-in phone call March through May. This call is just to check-in on your progress and to assist if you run into any complications.
- Participate in a site visit in May through early October. 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 all three Workplace Wellness events scheduled from March to October. You may have up to 2 staff members attend each event and they don’t have to be the same people every time. This could be a good opportunity to get more people in your committee involved.

- Grantees must complete SEWA (SHIP Employer Wellness Assessment) by October 3rd, 2024

- 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, subscriptions & 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 2024 Workplace Wellness Grant.

Thank you again for partnering with us!

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| Print Title & Name <i>A member from the management team is required to sign</i> | Authorization Signature | Date |
|--|-------------------------|------|

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|---|--|------|
| Bridget Hajny <i>Identified Lead for your Workplace Wellness Project</i> | | Date |
|---|--|------|

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|----------------------------------|-------------|
| Identify Second Point of Contact | Email/Phone |
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|--|------|
| Strategic Initiatives Specialist, Maichee Xiong St. Paul Area Chamber | Date |
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Questions? Contact Maichee Xiong or email maichee@stpaulchamber.com