



Healthy HometownSM Powered by Wellmark Community Award Application

Preparation

Before beginning the application, please review the [Healthy HometownSM Powered by Wellmark tactics reference guide](#). You will be required to use the tactic names and numbers from this guide on the application.

To be eligible for award consideration, **at least four tactics from the tactic reference guide** must have been implemented between **July 1, 2019 and June 30, 2020**. If there are additional tactics completed during that time frame, applicants are encouraged to submit those tactics by completing additional applications and we will look at your submissions in totality.

This application is an Adobe PDF fillable form. To best complete this application, use Adobe Acrobat. The latest version of Adobe Acrobat can be downloaded for free from <https://get.adobe.com/reader/otherversions/>.

Completed application(s) and attachments must be submitted via email to HealthyHometown@wellmark.com by 5:00 PM CST on Friday, October 30, 2020.

Award winners will be recognized in February in collaboration with [Healthiest State Initiative](#).

Organization Information

Community/Organization Name: _____

Primary Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone Number: _____

Website or Social Media for community/organization (if applicable): _____

Detailed Information - Tactic #1

Name (Use the number from the tactic reference guide): _____

Please select:

New Initiative

Expanded/Enhanced Existing Initiative

Date Work Started (month and year): ____/____

Date Completed (month and year): ____/____

1. Detailed description.

Describe in detail how the tactic was identified and implemented. Please include any supporting data points that reinforce the need in the community.

2. Impacts and Outcomes.

Who and how many people benefited from the implementation of the tactic? How were outcomes measured? What was the overall impact of this tactic on improving the health and well-being in your community?

3. Level of effort.

Please describe the effort put forth to implement this work. Include how long it took, how the tactic was funded, identify challenges associated with implementation, organizations and/or individuals involved, any partnerships, number of volunteers, etc.

4. Sustainability.

Describe if the tactic resulted in a change to the built environment or involved implementation of policy or program. How will the tactic continue without ongoing funding, staffing, supplies, space, etc.? If applicable, provide any plans for future funding, staffing, supplies, space, etc.

5. Supporting Documentation.

Include other information, documentation or photos that further explain the tactic and its community impact. This item is not required.

I grant permission to Wellmark, Inc. to use any documents/photos attached in connection with Healthy Hometown, Powered by Wellmark initiative, and I confirm that no third party owns the rights to the images. Wellmark will provide appropriate attribution if an image is used.

Detailed Information - Tactic #2

Name (*Use the number from the tactic reference guide*): _____

Please select:

New Initiative

Expanded/Enhanced Existing Initiative

Date Work Started (month and year): ____/____

Date Completed (month and year): ____/____

1. Detailed description.

Describe in detail how the tactic was identified and implemented. Please include any supporting data points that reinforce the need in the community.

2. Impacts and Outcomes.

Who and how many people benefited from the implementation of the tactic? How were outcomes measured? What was the overall impact of this tactic on improving the health and well-being in your community?

3. Level of effort.

Please describe the effort put forth to implement this work. Include how long it took, how the tactic was funded, identify challenges associated with implementation, organizations and/or individuals involved, any partnerships, number of volunteers, etc.

4. Sustainability.

Describe if the tactic resulted in a change to the built environment or involved implementation of policy or program. How will the tactic continue without ongoing funding, staffing, supplies, space, etc.? If applicable, provide any plans for future funding, staffing, supplies, space, etc.

5. Supporting Documentation.

Include other information, documentation or photos that further explain the tactic and its community impact. This item is not required.

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Detailed Information - Tactic #3

Name (Use the number from the tactic reference guide): _____

Please select:

New Initiative

Expanded/Enhanced Existing Initiative

Date Work Started (month and year): ____/____

Date Completed (month and year): ____/____

1. Detailed description.

Describe in detail how the tactic was identified and implemented. Please include any supporting data points that reinforce the need in the community.

2. Impacts and Outcomes.

Who and how many people benefited from the implementation of the tactic? How were outcomes measured? What was the overall impact of this tactic on improving the health and well-being in your community?

3. Level of effort.

Please describe the effort put forth to implement this work. Include how long it took, how the tactic was funded, identify challenges associated with implementation, organizations and/or individuals involved, any partnerships, number of volunteers, etc.

4. Sustainability.

Describe if the tactic resulted in a change to the built environment or involved implementation of policy or program. How will the tactic continue without ongoing funding, staffing, supplies, space, etc.? If applicable, provide any plans for future funding, staffing, supplies, space, etc.

5. Supporting Documentation.

Include other information, documentation or photos that further explain the tactic and its community impact. This item is not required.

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Detailed Information - Tactic #4

Name (Use the number from the tactic reference guide): _____

Please select:

- New Initiative
- Expanded/Enhanced Existing Initiative

Date Work Started (month and year): ____/____

Date Completed (month and year): ____/____

1. Detailed description.

Describe in detail how the tactic was identified and implemented. Please include any supporting data points that reinforce the need in the community.

2. Impacts and Outcomes.

Who and how many people benefited from the implementation of the tactic? How were outcomes measured? What was the overall impact of this tactic on improving the health and well-being in your community?

3. Level of effort.

Please describe the effort put forth to implement this work. Include how long it took, how the tactic was funded, identify challenges associated with implementation, organizations and/or individuals involved, any partnerships, number of volunteers, etc.

4. Sustainability.

Describe if the tactic resulted in a change to the built environment or involved implementation of policy or program. How will the tactic continue without ongoing funding, staffing, supplies, space, etc.? If applicable, provide any plans for future funding, staffing, supplies, space, etc.

5. Supporting Documentation.

Include other information, documentation or photos that further explain the tactic and its community impact. This item is not required.

- I grant permission to Wellmark, Inc. to use any documents/photos attached in connection with Healthy Hometown, Powered by Wellmark initiative, and I confirm that no third party owns the rights to the images. Wellmark will provide appropriate attribution if an image is used.

Reminders

Completed applications and attachments must be emailed to HealthyHometown@wellmark.com by 5 p.m. CST on Friday, October 30, 2020. If there are additional tactics for consideration, applicants are encouraged to submit those tactics by completing additional applications.

Please name your application as "*Community Name* HH Award Application (add number e.g. 2, 3 if additional applications are completed). Add the tactic number to the name of your supporting documentation it corresponds to.

If you have questions about the application process, please feel free to contact a Healthy Hometown representative via email at HealthyHometown@wellmark.com or by phone at 515-376-4401.

Required Federal Accessibility and Nondiscrimination Notice



Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรายมีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောိုးသုဂ်ညါ-နုးမုာ်ကတိာ်ကေညါကိဂ်.ကိဂ်တိာ်မတတိာ်ဖဲတိာ်မတတိာ်.လတတတိာ်လတတတိာ်.ဆိဂ်လတနီာ်လိာ်.ဆဲးကိးဆူ ၈၀၀-၅၂၄-၉၂၄ မုတမုာ် (TTY: ၈၈၈-၇၈၁-၄၂၆) တက့ာ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሰሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)