

SAMPLE GOVERNING BODY RESOLUTION

RESOLUTION NO. _____

BOROUGH/TOWNSHIP OF _____
COUNTY OF _____, STATE OF NEW JERSEY

RESOLUTION AUTHORIZING PARTICIPATION IN THE GATEWAY BMED FUND EMPLOYEE WELLNESS PROGRAM AND SUBMISSION OF A 2027 WELLNESS GRANT APPLICATION

WHEREAS, the Borough/Township of _____ recognizes that employee health and wellness are important components of a productive workforce and supports the promotion of health and wellness concepts, preventive care, wellness education, and healthy lifestyles among its employee population; and

WHEREAS, the Gateway BMED Fund provides its member agencies with an opportunity to participate in the BMED Employee Wellness Program and offers grant funding to assist agencies in developing and supporting employee health and wellness programming, awareness, and participation; and

WHEREAS, the Borough/Township of _____ understands that the BMED Wellness Grant is a matching grant and that participation in the Program requires local budgetary support and administration; and

WHEREAS, the Borough/Township of _____ desires to participate in the Gateway BMED Fund Employee Wellness Program for the 2027 program year and to submit a Wellness Grant Application in accordance with the requirements established by the Gateway BMED Fund; and

WHEREAS, participation in the BMED Employee Wellness Program includes the designation of a Wellness Ambassador to serve as the municipality's primary liaison to the BMED Wellness Coordinator and to assist with the administration, communication, promotion, and tracking of the local Wellness Program; and

WHEREAS, the Borough/Township of _____ shall establish and maintain an Employee Wellness Committee consisting of representatives from various departments to assist in the development, promotion, and implementation of local employee wellness initiatives; and

WHEREAS, the Borough/Township of _____ acknowledges that the aggregate costs associated with its local employee wellness program, including locally approved employee incentives and programming, may exceed the amount of grant reimbursement received from the Gateway BMED Fund and that any such additional costs shall be the responsibility of the Borough/Township; and

WHEREAS, the Borough/Township understands that grant reimbursement is subject to compliance with applicable BMED Wellness Program requirements, submission of required documentation, eligible expenditures, availability of funding, and approval by the Gateway BMED Fund.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council/Governing Body of the Borough/Township of _____, County of _____, State of New Jersey, as follows:

1. The Borough/Township of _____ hereby authorizes participation in the **Gateway BMED Fund Employee Wellness Program for the 2027 program year**.
2. The Borough/Township hereby authorizes the submission of a **2027 BMED Wellness Grant Application in the amount of \$_____** to support its participation in the BMED Employee Wellness Program.
3. The Borough/Township Administrator/Manager/Mayor and/or their authorized designee is hereby authorized to execute and submit all documents, agreements, certifications, and supporting materials necessary to participate in and administer the BMED Employee Wellness Program.
4. The Borough/Township shall designate a **Wellness Ambassador** to serve as the primary liaison between the municipality and the BMED Wellness Coordinator and to assist with local program administration and employee engagement.
5. The Borough/Township shall establish and maintain an **Employee Wellness Committee** to assist with the development, implementation, promotion, and support of the local Employee Wellness Program.
6. The Borough/Township agrees to maintain appropriate documentation related to employee participation, completion of applicable Wellness Program requirements, local wellness programming, eligible expenditures, and grant reimbursement.
7. The Borough/Township acknowledges its responsibility for any local program costs that exceed the amount approved for reimbursement by the Gateway BMED Fund.
8. The Borough/Township acknowledges that reimbursements may be submitted at any time during the plan year into January of the following year. All reimbursement submissions shall be sent to **HIFfinance@permainc.com** and shall include the required supporting documentation listed below:
 - Completed and signed reimbursement voucher (available on the SHIF website)

- Signed Purchase Orders for all items
- Vendor invoices (if applicable) OR purchase receipts - must match the PO
- Check copies or proof of payment for each item listed on the voucher

9. The Borough/Township acknowledges that all grant reimbursements are subject to compliance with BMED Wellness Program requirements, eligible expenditures, availability of funding, and final approval by the Gateway BMED Fund.

BE IT FURTHER RESOLVED that a certified copy of this Resolution shall be provided to the Gateway BMED Fund Wellness Coordinator as part of the Borough/Township's **2027 BMED Wellness Grant Application Packet**.

CERTIFICATION

I, _____, Clerk of the Borough/Township of _____, County of _____, State of New Jersey, do hereby certify that the foregoing is a true and correct copy of a Resolution adopted by the Governing Body at a meeting held on the _____ day of _____, 202____.

Municipal Clerk

Date: _____

(SEAL)

Sample Resolution: Participating agencies may modify this resolution as necessary to conform with local requirements and the recommendations of their municipal counsel.