



2027 GRANT APPLICATION & PROGRAM PACKET

Healthy Employees, Healthier Municipalities

SECTION 1: AGENCY APPLICATION

The Borough/Township of _____ is pleased to submit this application to Dina Robinson, BMED Wellness Coordinator, BMEDwellness@franklinlakes.org.

It is the intention of the applicant to participate in the 2027 BMED Employee Wellness Program and comply with all applicable program requirements.

Agency Applying for Wellness Grant: _____

Agency Administrator / Manager / Commissioner: _____

Wellness Ambassador Name & Contact Information: _____

SECTION 2: PROGRAM DESIGN & INCENTIVES

Each participating agency shall establish a structured employee wellness program designed to encourage preventive care, wellness education, healthy lifestyles, and employee engagement.

Agencies may establish locally approved incentives to encourage employee participation. Total program costs may exceed the BMED Wellness grant amount, and any costs beyond approved grant reimbursement remain the responsibility of the agency.

SECTION 3: REQUIRED PROGRAM COMPONENTS

Participants must complete the BMED Wellness base program requirements:

- Annual Physical Examination
- Annual Biometric Screening
- Two Dental Cleanings per Year
- Participation in four (4) BMED Wellness Education Programs
- Completion of one additional wellness activity designated or approved by the agency

SECTION 4: BMED WELLNESS SUPPORT

The BMED Gateway Fund provides participating agencies with:

- Professional program support from the BMED Wellness Coordinator
- Monthly wellness educational programming and resources
- Wellness communications and program materials
- Grant reimbursement of up to 50% of eligible program costs, not to exceed \$10,000 annually

DENTAL-ONLY MEMBER AGENCIES

Dental-only member agencies may participate in the BMED Wellness Program and may be eligible for wellness grant reimbursement of up to \$5,000 annually, subject to applicable program requirements, eligible expenses, funding availability, and approval.

SECTION 5: REPORTING & REIMBURSEMENT DOCUMENTATION

Each agency shall document and track all Wellness Program activities, including participation and completion of the BMED Wellness base program requirements, as well as any additional local wellness programming and initiatives.

Each agency shall maintain an internal year-end wellness report summarizing program performance. The report shall support program evaluation and ensure readiness for potential audit or review by the BMED Gateway Fund Wellness Coordinator.

The internal report shall be retained by the agency and made available to the BMED Gateway Fund Wellness Coordinator upon request.

Receipts and vouchers supporting eligible Wellness Program expenses must be submitted for approval of grant reimbursement no later than January of the following year.

REIMBURSEMENT SUBMISSION REQUIREMENTS

Reimbursements may be submitted at any time during the plan year into January of the following year. All submissions must be sent to HIFFinance@permainc.com and must include:

- 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

SECTION 6: PARTICIPATION & BUDGET

Eligible Employees: _____

Projected Participation: _____

Total Program Cost: \$ _____

Grant Request: \$ _____

Local Contribution: \$ _____

SECTION 7: AUTHORIZATION

On behalf of the applicant agency, the undersigned certifies that the information contained in this application is accurate and that the agency agrees to comply with the requirements of the BMED Employee Wellness Program.

Authorized Official Name & Title: _____

Signature: _____

Date: _____

REQUIRED ATTACHMENTS

- Completed 2027 Grant Application & Program Packet
- Governing Body Resolution authorizing participation
- Employee Wellness Tracking Form
- Reimbursement documentation as required, including voucher, purchase orders, invoices/receipts, and proof of payment