

# Grachek-Svela Mental Health & Wellness Fund Application

College of Health and Wellness Professions and  
Center for Health and Wellness Innovation  
Application for Funding

## Center for Health and Wellness Innovation

**Vision statement:** The Center for Health and Wellness Innovation integrates academic programs, interdisciplinary experiential learning, student services, and community partners to provide a collaborative environment that promotes whole-person care and prepares health care leaders of the future.

**Value statements:**

- We affirm the health and well-being of our campus community as a fundamental component of student success and employee well-being.
- We value the interconnectedness of academic programs and student services as a way to increase accessibility and visibility, and to reduce barriers to student health and well-being.
- We embrace our role as the key contributor to campus, community and regional workplace well-being initiatives.
- We value our responsibility to educate the next generation of healthcare leaders by providing collaborative inter-professional and experiential learning opportunities.
- We aspire to be an environment where the community and campus will partner to maximize efficiency and to create a sustainable culture of health for the campus, the community and the region.

The College of Health and Wellness Professions (CHWP) will consider proposals for funding activities through the Center for Health and Wellness Innovation (CHWI) that align with the Grachek-Svela fund agreement. Categories for funding assistance include:

1. **Student Funding:** Financial assistance provided to selected students who will provide direct mental health support as part of curriculum requirements for experiential learning (i.e., practicum, internship, service learning) or provide support services to or alongside professional staff who engage in direct provision of mental health services to students. Examples: CHWI Fellowship, graduate assistantship salary assistance, student stipends for programmatic work.
2. **Experiential Learning or Training Programs:** Financial assistance for professional staff, faculty and students affiliated with CHWP and CHWI to attend and/or provide trainings, workshops or conferences on evidence-based best practices for student (and/or employee) mental health and wellness.
3. **Technology/Software, Clinical Aids, Educational Materials:** Financial assistance for tools to assist students (and/or employees) with coping, grounding, emotional and cognitive regulation and other interventions in support of treatment for various mental health diagnoses, stress reduction, and/or preventative health and wellness.
4. **Marketing and Promotion:** Financial assistance to support strategic campus initiatives and promote CHWI programs and services to support student (and/or employee) mental health and overall wellness.

5. Telehealth and Telemedicine: Financial assistance for professional staff, faculty and students affiliated with CHWP and CHWI to provide mental health, physical health and/or wellness services via telehealth or telemedicine.

#### **Application process:**

1. Complete the **Grachek-Svela Mental Health and Wellness Fund APPLICATION**.
  - a. If the applicant is not affiliated with the CHWI Team, they must identify a CHWI partner to carry the proposal forward. This member will describe the proposal and answer questions during a regular CHWI Team meeting. (membership available on CHWI webpage <https://www.stcloudstate.edu/healthwellness/default.aspx>)
  - b. CHWI Partner signature is required (if applicable).
2. Applicant or identified CHWI partner uploads application to the Teams Folder for the Eastman Operations Group and notifies membership via email.
3. Applications received by the first monthly CHWI team meeting will be placed on the agenda for discussion at the second monthly meeting. Applications received after the first monthly meeting will be reviewed the following month.
  - a. In the event of extenuating circumstances, applications may be reviewed on an alternative schedule at the discretion of the CHWI Application Review team.

#### **Award process and responsibilities:**

1. Award recommendations will be made to the CHWP Dean by the CHWI Application Review Team.
2. The CHWP Dean will make the final award determination.
3. Applicants will be notified in writing of the award decision and their responsibilities of acceptance.
4. Awardees are required to submit a summary report after the activity, project, or investment is complete. These reports will be shared with the CHWI Team and donors associated with the Grachek-Svela Fund.
5. An inventory of approved requests and awards will be distributed to the CHWI team, the CHWP community, SCSU Foundation and Donors.

Do you have questions? Contact Angie Theisen @ [angela.theisen@stcloudstate.edu](mailto:angela.theisen@stcloudstate.edu) or 320.308.4222.

## Grachek-Svela Mental Health & Wellness Fund Application

Fund# 810-550-52010

### A. Applicant Information

|                                |  |
|--------------------------------|--|
| Applicant Name                 |  |
| Email Address                  |  |
| Department and/or Program Area |  |
| Telephone Number               |  |

### B. CHWI Partner Information (if applicable)

|                                |  |
|--------------------------------|--|
| CHWI Partner Name              |  |
| Email Address                  |  |
| Department and/or Program Area |  |
| Office Telephone Number        |  |

### C. Project Significance

**Project Category** – select the primary focus from the following options:

- ☐ Student Funding
- ☐ Experiential Learning or Training Programs
- ☐ Technology/Software, Clinical Aids, Educational Materials  
Marketing and Promotion
- ☐ Telehealth and Telemedicine

**Purpose** of request/proposed use of funding: Describe how the funding will be used and how it aligns with the intent of the donor fund agreement ***to support the mental health and wellness of SCSU students.*** (Please include title of project/activity, location, dates of event, etc.)

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**Partnership and collaboration:** Please identify others involved in this project; describe their involvement and/or significance of the partnership/collaboration.

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**Deliverables:** Please describe the intended result of the activity/investment. (Example: Upon completion of this training, I will have the knowledge and skills to provide XYZ services to students.)

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**Impact:** Please describe the anticipated positive impact on mental health/well-being of the activity/investment. (Example: The majority of students served through this program in Husky Paw will report maintaining a fitness regimen or an increased confidence to participate in Campus Rec programming.)

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**D. Financial Impact**

**Anticipated Budget:** Please itemize the expense category and expense per category. Original receipts and/or invoices will be required for all approved expenses. (Examples: \$80 – conference registration fee, \$45 – printing promotional materials for Husky Paw event, \$300 – software)

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**Alternate Funding Sources:** Please identify alternative funding sources explored and amount of funding secured from each source.

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**Return on Investment:** Please provide details on how ROI will be reviewed, measured, reported, and/or shared with those involved in the project. (Examples – Potential number of students trained as a result of this funding, or number and setting of presentation materials or information learned from training received)

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**Sustainability Plan:** If the request is for a pilot service or initiative, please provide a projected sustainability plan that outlines future fiscal, physical, and/or staffing resources and potential funding sources for future expenses. (Example: Student workers responsible for peer coaching: If outcomes are measured as successful, external grant will be pursued.)

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| Signature     | Date |
|---------------|------|
| Applicant:    |      |
| CHWI Partner: |      |

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-For office use only-

**Request Number: FY22 - \_\_\_\_\_**

**Actions:**

|                                                       |                                       |
|-------------------------------------------------------|---------------------------------------|
| CHWI Application Review Team Discussion (date)        |                                       |
| CHWI Team Recommendations<br>(Approve / Deny / Defer) | <i>Ex. 3 approve, 2 deny, 0 defer</i> |
| Follow-up needed (N/A or specify)                     |                                       |
| Dean Action / Comments                                |                                       |
| Date of Applicant Notification                        |                                       |
| Date Summary Report received                          |                                       |
| Date Summary Report provided to CHWI Team             |                                       |

Summary Report (insert below upon receipt)

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