



## 2014 Partnership Application

**Sector (circle one that best describes your organization):**

- |            |                       |                     |                              |
|------------|-----------------------|---------------------|------------------------------|
| School     | Faith-Based Community | Higher Education    | Neighborhood/Community Group |
| Hospital   | Childcare/Preschool   | Afterschool Program | Medical Professional         |
| Restaurant | Health/Fitness Center | Community Event     | Convenience Store            |
| Worksite   |                       |                     |                              |

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Wellness Champion Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Committed Strategies for 2014:**

Visit the partnership page of [www.goodforyouspartanburg.org](http://www.goodforyouspartanburg.org) for a list of strategies specific to your sector. Pre-existing strategies are accepted, but please choose **at least one NEW strategy!** If your organization has more strategies than the ones recorded here, please attach a list to this application.

1. \_\_\_\_\_  
*\*If this is your first wellness initiative, distributing a health assessment survey is highly recommended to gather initial data and enable your organization to track its progress!*
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Would you like to receive public health updates specific to your sector?**     Yes     No

**Six Month Review Date:** \_\_\_\_\_

**Year Review Date:** \_\_\_\_\_

*(Please allow 1-2 hours for meeting)*

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**Signatures**

\_\_\_\_\_  
**Wellness Champion**  
Date: \_\_\_\_\_

\_\_\_\_\_  
**Executive Director/CEO**  
Date: \_\_\_\_\_

\_\_\_\_\_  
**Good For You Staff**  
Date: \_\_\_\_\_



2014 Partnership Survey

Sector (circle one that best describes your organization):

- School Faith-Based Community Higher Education Neighborhood/Community Group
Hospital Childcare/Preschool Afterschool Program Medical Professional
Restaurant Health/Fitness Center Community Event Convenience Store Worksite

Organization Name: \_\_\_\_\_

Wellness Champion Name: \_\_\_\_\_ Email: \_\_\_\_\_

1. Is this your company's first health/wellness initiative?

Yes No \*If no, please attach a list of your current health efforts to this application.

2. Rate your organization's health in the following areas:

1 Very Poor 2 Poor 3 Moderate 4 Strong 5 Very Strong

Overall Organizational Health Health/Wellness Programming Health of Population Served
Organizational Policies/Flexibility Health of Employees Health Education
Healthy Eating Culture/Opportunities Active Living Culture/Opportunities

3. How many of your committed strategies are already implemented? \_\_\_\_\_

How many are new? (At least one strategy must be new) \_\_\_\_\_

4. Which do you foresee as being the most difficult strategy to implement? \_\_\_\_\_ The easiest? \_\_\_\_\_

(List the strategy number from your application)

5. In your opinion, how great of an impact will the Good For You Strategies have on your organization's overall health?

No Impact Weak Impact Moderate Impact Strong Impact

6. In your opinion, what is the biggest barrier to making your organization healthier?

Budget Capacity (Man Power) Nature of Work Attitudes Resources
Other \_\_\_\_\_

7. Are you willing to develop your partnership in the future? Yes No

8. What more would you like to see from the Good for You Spartanburg initiative?