Program Area: Human Resources

Category: Best Benefits, Wellness and Well-Being Program

The category Best Benefits, Wellness and Well-Being Program is for a written description of an organization’s approach to planning, developing, and implementing and managing its wellness program. The entry should include details of how this program effectively impacted its employees and organization.

Training, learning, talent, HR, or other related department can enter either alone or together with a helping organization (such as a vendor aka solution provider, or consultant). Helping organizations cannot enter alone.

Instructions:

1. You must use this Word document for your submission.
2. Type your submission description into the appropriate sections of this document.
3. Do not change the formatting or font – Calibri body 12 (size, color, or type).
4. Do not remove any sections of the application.
5. If any fields are not applicable, please leave them blank or write N/A.
6. Read the Judging Criteria below. The judges will evaluate your submission according to these criteria.
7. Write in paragraph form and check the spelling.
8. Write using the third person. Do not use “we, our, us,” etc.
9. Avoid “marketing” languages; focus on details and outcomes.
10. Include images, charts, and graphs in this document form; please do not include separate documents. Please insert these items within the context of your responses. These items may also be added to the end of the document in an appendix if necessary.
11. If applicable, you may provide supporting reports, videos, and course links. Please provide proper access information to courses and details for special instructions. If providing passwords to courses or videos, ensure they are valid for one year or more and can be easily accessed by the web. Do not include any links or embedded links within this form. Provide all links, URLs, and User access information in your online application for submission. Make sure access is available to reviewers for at least one year.
12. When completed using the same font size, this document should be approximately (15-20 written pages), font size Calibri 12, not including instructions, questions, or graphics. If you have additional supporting information, you may include it within the appropriate sections of this entry form or in an appendix at the end of the document.
13. Within the online application, if you have selected “Yes” to granting Brandon Hall Group publishing permission of your entry, but there are parts of your application you wish not to have published, please indicate by **highlighting those details within this form in red,** so they are omitted from publishing.
14. Save as a **Word Document** with a new file name. Example: Company Name\_Category\_Short Title
15. Sign up or log in to the HCM Excellence Awards portal: <https://excellenceawards.brandonhall.com/hcm/>. Upload your completed entry form, complete the online application, and provide all supporting links and URLs. Check to make sure you have completed your online application and payment.

**Please direct any questions to:** **awards@brandonhall.com****. Do not send any applications via email, but only through the award application site.**

|  |
| --- |
| **Judging Criteria: The judges will evaluate your entry on a scale of 1-6 on each of these criteria below.** |
| 1. **Fit to the Needs**
 | The wellness program effectively aligned to the organization’s business needs and situation. |
| 1. **Design and Delivery**
 | The wellness program effectively supported the business objectives. There was a set of established goals identified and well executed. |
| 1. **Management**
 | The wellness program was properly managed and supported by the organization. |
| 1. **Measurable Benefits**
 | The wellness program demonstrates measurable benefits and organizational outcomes. |
| 1. **Overall**
 | Overall, the wellness program has had a positive impact on the organization and its goals. |

Entry Overview:

***Please make sure all information matches the online application.***

Entry Information

|  |  |
| --- | --- |
| **Entry Title** | (Insert text here) |
| Name of Entering Organization | (Insert text here) |
| \*Name of Helping Organization (Vendor) if submitted jointly: | (Insert text here) |
| \*OPTIONAL PR | (Insert text here) |
| Date | (Insert text here) |
| Brief Description of Entry (2-3 Sentences) | (Insert text here) |

Company Background (of entering organization, not the solution provider)

Insert company logo here

Use the grid below to give information about the organization, size and scope, and industries served.

|  |
| --- |
| **Company-at-a-Glance** |
| Headquarters | (Insert text here) |
| Year Founded | (Insert text here) |
| Revenue | (Insert text here) |
| Employees | (Insert text here) |
| Global Scale (Regions that you operate in or provide services to) | (Insert text here) |
| Customers/Output, etc. (Key customers and services offered)  | (Insert text here) |
| Industry | (Insert text here) |
| Stock Symbol | (Insert text here) |
| Website | (Insert text here) |

\*Optional: Company Background (of solution provider if submitted jointly)

Insert company logo here:

Use the grid below to give information about the organization, size and scope, and industries served.

|  |
| --- |
| **Company-at-a-Glance** |
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| Customers/Output, etc. (Key customers and services offered)  | (Insert text here) |
| Industry | (Insert text here) |
| Stock Symbol | (Insert text here) |
| Website | (Insert text here) |

Budget and Timeframe

Please fill out the following grid with your best ability. You may offer an estimate or range for each. If this information is confidential or not applicable, enter N/A. Your entry will not be judged based on this information; however, this offers the judges a greater understanding of your entry, complexity, and/or maturity.

|  |
| --- |
| **Budget and Timeframe** |
| Overall budget | (Insert text here) |
| Number of (HR, Learning, Talent) employees involved with the implementation? | (Insert text here) |
| Number of Operations or Subject Matter Expert employees involved with the implementation? | (Insert text here) |
| Number of contractors involved with implementation | (Insert text here) |
| Timeframe to implement | (Insert text here) |
| Start date of the program | (Insert text here) |

Entry Details:

Judging Criteria 1: Fit to the Needs

Use this area to describe the business conditions and business needs that led your organization to develop a wellness program.

Details:

Use this area to discuss a high-level description of the wellness program in your organization. What goals did you establish and were they achieved?

Details:

Judging Criteria 2: Design and Delivery

Use this area to discuss the design and delivery of your wellness program. What was your process for planning and developing the program? What goals did you establish?

*Details:*

Judging Criteria 3: Management

Use this area to discuss how your wellness program was properly managed and supported by the company.

*Details:*

Judging Criteria 4: Measurable Benefits

Use this area to discuss the measurable benefits as seen by your organization. How do you measure ROI/impact and what were the results? How did you prioritize and identify what was important?

*Details:*

Judging Criteria 5: Overall

Use this section to provide a summary of key findings. What lessons did you learn? What is next/future outlook?

Details: