



cis benefits  
www.cisbenefits.org

February 18, 2020

Dear City of Newport/Melanie Nelson,

Congratulations! Enclosed please find your Level 1 Worksite Wellness Grant check. These funds are to be used to encourage and support worksite wellness activities that can make positive impacts on your employees' lives.

In addition to these funds, we encourage you to use resources available from our Benefit partners. Regence, Kaiser Permanente, and Cascade Centers all provide a variety of resources and programs that most employees don't realize are available for them. For example, use the bookcase of flipbooks available at <https://cisoregon.org/member/benefits/wellness> for the EAP toolkit, promotional tools for WholeLife Directions, and resources specific to suicide prevention.

Thank you City of Newport for supporting your employees by offering worksite wellness programs/activities. As always, if you have questions or would like further assistance, please contact Heather Matthews at [hmatthews@cisoregon.org](mailto:hmatthews@cisoregon.org) or 503-763-3826.

Sincerely,

Carolyn E. Van Dyke  
Benefits Director

Heather Matthews  
Wellness/Benefits Rep



CITY OF NEWPORT  
GRANT APPLICATION INFORMATION

Granting Agency: CIS

Grant Application Due Date: \_\_\_\_\_

Amount of Grant, if Awarded: \$750

City Match, if Any: 0

City Contact: Bob James

Purpose of Grant: Health & Safety Fair 2020

Does Grant Require City Council Approval: To Apply  To Accept

Date of City Council Approval, if Required: N/A

Does Grant Require City Manager Approval: To Apply  To Accept

Date of City Manager Approval, if Required: [Signature]

Department Head Approval: Bob James  
Signature

Date of Approval: 2/11/20

Attach a copy of the grant application.



CIS Benefits (/Member/Benefits) » Wellness Grant (Level 1)  
(/Member/Benefits/WellnessGrant)

# Wellness Grant Application

## ▼ Contact Information

Street Address\*

169 SW Coast Hwy.

City\*

Newport

Zip Code\*

97365

Phone\*

5415740603

Ext

## Application

Executive Name\*

Spencer Nebel

Executive Title\*

City Manager

Executive Email\*

s.nebel@newportoregon.gov

Wellness Policy\*

 Attach Policy

View Attached Policy

(<https://www.cisoregon.org/api/v1/document/files/OFC930C18AF3424F8CEB172CFD30EE5C>)

Submit Grant

**To apply for Level 1 Basic Worksite Wellness Funds:**

1. Complete all information fields.
2. Attach your supporting Worksite Wellness policy.
3. An email will automatically be sent to your Executive Officer/Official notifying them they must return a response.
4. Ensure the Executive Officer/Official responds to the email to fully endorse the submitted Wellness Policy.

Upon receipt of Executive approval, CIS Benefits will contact you within 10 working days.

Email [healthybenefits@cisoregon.org](mailto:healthybenefits@cisoregon.org) (mailto:healthybenefits@cisoregon.org) to apply for Levels 2 or 3.



 Logout

citycounty insurance services

**MAIN OFFICE**

1212 Court Street NE, Salem OR 97301

**Phone:** 503.763.3800

**Toll Free:** 800.922.2684

**Fax:** 503.763.3900

**CLAIMS OFFICE**

PO Box 1469, Lake Oswego OR 97035

**Phone:** 503.763.3875

**Fax:** 503.763.3901

**PRE-LOSS LEGAL DEPARTMENT**

**Phone:** 503.763.3848

**Toll Free:** 800.922.2684 ext. 7

**Email:** PreLoss@cisoregon.org

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