GREATER WICHITA YMCA
Healthy Lifestyle Coaching Program RFP
Submit your completed RFP to Lianna Fry, lianna.fry@ymcawichita.org

Worksite Name: ___________________________ Email: ___________________________
Address: ___________________________ Fax: ___________________________
City/State/Zip: ___________________________ CEO/President: ___________________________
Wellness Contact: ___________________________ Phone: ___________________________

Number of Employees: ________ Number of Eligible Employees: ________

Who is advocating for your work-site to have a wellness program?

☐ Leadership ☐ Insurance broker ☐ Insurance provider
☐ Employees ☐ Human Resources ☐ Wellness Committee
Other: ___________________________

List all location names/ address/ number of employees on each shift:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you currently have a wellness committee? If so, how often do you hold meetings?
____________________________________________________________________________________

Do you have a marketing/communications department or representative?
____________________________________________________________________________________

Do you currently have a Wellness Operating Plan. If so, would you be able to make that available to us?
____________________________________________________________________________________
GREATER WICHITA YMCA
Healthy Lifestyle Coaching Program RFP

Do you have a budget allocated to your wellness program?
__________________________________________________________________________

What wellness programs and services do you currently offer?

☐ Health Coaching  ☐ Biometric Screenings  ☐ Health Assessments  
☐ Wellness Challenges ☐ Wellness Presentations  ☐ Disease Management programs  
☐ Healthy Guidelines/Policies ☐ Fitness Facility Reimbursement/Subsidy  
☐ Employee Assistance Program ☐ Onsite Group Exercise Classes  ☐ Tobacco Cessation Program  
☐ Incentive Program ☐ Other__________________________

Please explain your current wellness program and list providers/vendors.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What wellness programs and services are you interested in?

☐ Healthy Lifestyle Coaching  ☐ Biometric Screenings  ☐ Health Assessments  
☐ Wellness Challenges ☐ Wellness Presentations  ☐ Disease Management programs  
☐ Wellness Policy Support ☐ Fitness Facility Reimbursement/Subsidy  
☐ Onsite Group Exercise Classes ☐ Wellness Committee Facilitation  
☐ Incentive Program Design Development and Management  
☐ Policy Development ☐ Stretching Facilitation and Training  
☐ Other_____________________________________________________________

Who is your health insurance provider and broker currently?
__________________________________________________________________________