



# GREATER WICHITA YMCA

## Healthy Lifestyle Coaching Program RFP

Submit your completed RFP to Lianna Fry, [lianna.fry@ymcawichita.org](mailto: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
- Wellness Challenges
- Healthy Guidelines/Policies
- Employee Assistance Program
- Incentive Program
- Biometric Screenings
- Wellness Presentations
- Fitness Facility Reimbursement/Subsidy
- Onsite Group Exercise Classes
- Other\_\_\_\_\_
- Health Assessments
- Disease Management programs
- Tobacco Cessation Program

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

---

---

---

---

What wellness programs and services are you interested in?

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

Who is your health insurance provider and broker currently?

---

---