## **PART A - APPLICANT INFORMATION**

You may choose to print and complete the application by hand or complete it on a computer. Be sure to save the file to your computer or network drive before completing it.

Grant Information		<b>Grant Number</b> (Partnership Use Only)						
Agency								
NYS Department of Health								
Facility								
NYS Veterans' Home at Oxford								
CSEA Regio	n	ocal Number						
5 0305								
Grant Category (select one)			Number of CSEA-represented em- ployees in each bargaining unit					
Break/Lunchroom Improvement			ASU	23				
Employ	ee Recognition   Event Date:		ISU	253				
Special	Projects		OSU	15				
Wellness and Health Education			DMNA	0				
Working Conditions			Non-CSEA	0				
			Total	291				
Project Co	oordinator (select one)							
Management Representative CSEA Le			ocal President	Other				
Name	Dawn Metzger		Address					
Title	Administrator		4207 State Highway 220					
Phone	(607) 234-5627		Oxford, NY 13830					
Fax	(607) 234-5628							
Email	dawn.metzger@nysvets.org	g						

## **PART A - APPLICANT INFORMATION**

Labor-Management Contact Information						
Management Representative (Must be HR or personnel director, training director, facility director, or equivalent)	CSEA Local President					
Name	Name					
Dawn Metzger	Amanda Goodrich					
Title	CSEA Local Number					
Administrator	0305					
Address	Address					
4207 State Highway 220	4207 State Highway 220					
Oxford, NY 13830	Oxford, NY 13830					
Phone	Phone					
(607) 234-5627	(607) 234-5675					
Email	Email					
dawn.metzger@nysvets.org	amanda.goodrich@nysvets.org					
<ul> <li>By signing and submitting this application, the management representative and the CSEA Local President noted above certify that:</li> <li>1. All information contained in this application is accurate and complete.</li> <li>2. The assessment and development of this grant request has been a joint collaboration.</li> <li>3. The management representative and CSEA Local President will be involved in all aspects of project implementation and evaluation.</li> </ul>						
Management Representative Signature	CSEA Local President Signature					
Dawn Metzger	Amanda Goodrích					

Date

06/06/23

# **Once you add digital signature(s) and save the file, you cannot make any further edits to the document.** To that end, we recommend saving an unsigned version of the PDF to your files.

Date

06/06/23

It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.

## PART B - PROJECT NARRATIVE

**Instructions:** Provide a response to the first two required sections and any more information you would like to include. Attach additional sheets if necessary.

#### **1. Project Description**

Briefly describe the employee and organizational needs to be addressed by this grant proposal, including how you expect this project will benefit both your CSEA-represented NYS employees and your agency/facility.

The Patient Protection and Affordable Care Act amended section 7 of the Fair Labor Standards Act and requires employers to provide a break period for employees to express breast milk for her nursing child for 1 year. Employers must also provide a private space, free from view, for this purpose. The Veterans' Home has identified a location and it has been renovated to meet the needs of our staff. This grant proposal reflects our request for furniture to make this new space as attractive and comfortable for our nursing mothers.

#### 2. Needs Assessment Process

Describe the process undertaken to determine the need for this grant proposal.

Administration became aware of a need for a private space for our employees to express their breast milk when a nursing employee was nearly walked in upon when using a supervisor office for this purpose. While staff are more than happy to accommodate their coworkers needs, it is not appropriate that the space may not be available when needed. We immediately identified a room that needed to be renovated before it could be used. This room was formerly an indoor smoking area for residents that is no longer needed. Sheet rock, a built-in counter, and shelves were removed. The walls have been replaced, the floor was stripped and

#### 3. More Information (optional)

Share more information you would like to be considered in reviewing this grant.

The NYS Veterans' Home at Oxford Administration and CSEA local 305 is pleased to be able to partner to provide this enhanced space to support our employees and their families. The American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for about the first 6 months with continued breastfeeding alongside introduction of appropriate complementary foods for 1 year or longer. The World Health Organization also recommends exclusively breastfeeding up to 6 months of age with continued breastfeeding along with appropriate complementary foods up to 2 years of age or beyond.

https://www.cdc.gov/breastfeeding/data/facts.html accessed 3/22/19. Breast feeding

## **PART C - PURCHASING INFORMATION**

**Instructions:** Identify the entity who will make the purchase, along with the appropriate contact information and signature.

Purchaser								
Indicate whether your agency/facility OR the CSEA Local will be making the purchase for the grant, if approved.								
Agency Purchase	CSEA Local Purchase							
<i>For CSEA Local Purchases Only:</i> Enter the CSEA Local 10-digit Statewide Financial System Vendor ID Number: <i>This number is required for reimbursement.</i>								
Agency Fiscal Officer or CSEA Local Treasurer								
The agency fiscal officer or CSEA local treasurer is instrumental in providing the required forms and documentation for reimbursement.								
Name								
Lester Williams								
Title								
Agency Fiscal Officer								
Address								
4207 State Highway 220 Oxford, NY 13830								
Phone	Fax							
(607) 892-4567	(607) 892-4568							
Email								
lester.williams@nysvets.org								
Signature of Agency Fiscal Officer OR CSEA Local Treasurer								
Lester Williams	Date 06/09/23							



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## **PART D1 – PROJECT BUDGET WORKSHEET**

Use this worksheet for break/lunchroom improvement, wellness and health education, working conditions, and special projects. Enter a description appropriate for the grant category, and complete all other columns, as relevant. Please submit additional information, such as vendor quotes, as relevant. Use the notes page or attach pages, if necessary.

ITEM DESCRIPTION	SIZE OF EQUIPMENT (if applicable)	LOCATION OF EQUIPMENT (if applicable)	RECIPIENTS (# of CSEA- represented NYS employees)	QUANTITY	COST PER ITEM	TOTAL COST		
Settee (Corcraft-sole sourc	n/a	Nursing lounge	40	2	\$ 510	\$ 1,020.00		
Kitchen cart	n/a	Nursing lounge	40	1	\$ 483.99	\$ 483.99		
Refrigerator	7.3 cu	Nursing lounge	40	1	\$ 389.99	\$ 389.99		
Side table	n/a	Nursing lounge	40	1	\$ 253.72	\$ 253.72		
					\$	\$		
					\$	\$		
		•			\$	\$		
					\$	\$		
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	S				\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
SUBTOTAL								
						\$		
	FOR CSEA LOCALS ONLY Sales Tax		\$					
	<b>Other</b> (set up, removal fee, etc.)		\$					
	Other		\$					
	Other		\$					
	TOTAL GRANT REQUEST		<sup>\$</sup> 2,147.70					

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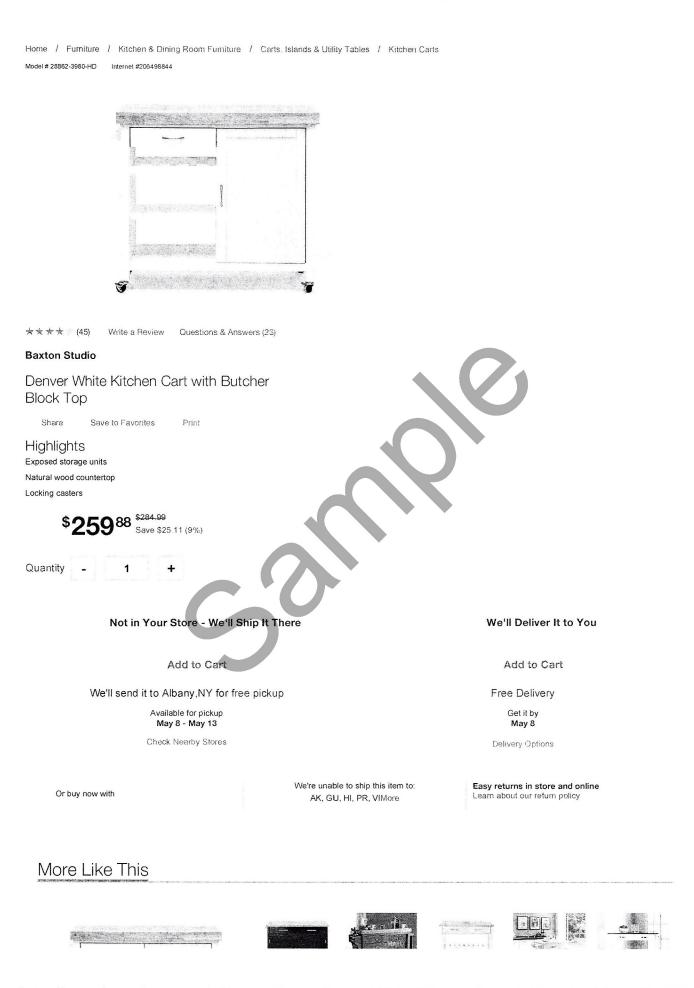


Open until 10PM! Glenmont Lowe's  $\, \smallsetminus \,$ 

Sde Jable

Prices, promotions, styles, and availability may vary. Our local stores do not honor online pricing. Prices and availability of products and services are subject to change without notice. Errors will be corrected where discovered, and Lowe's reserves the right to revoke any stated offer and to correct any errors, inaccuracies or omissions including after an order has been submitted.

Item # 280210 Model # 80690 Catskill Craftsmen Brown <sup>\$253.72</sup> Modern Kitchen Cart 2 Ratings 100% Open and enclosed storage Community Recommend Hardwood top Q&A this **View Now** 5.0 Average product Classic style (Y) Feedback Ships to Store FREE FREE Shipping Ready for delivery: Estimated on 05/16/2019 "How can I help you?" Get 5% OFF\* EVERY DA ", "Offer subject to credit appro GET DETAILS Minimum purchase required. Ex CHAT NOW



https://www.homedepot.com/p/Baxton-Studio-Denver-White-Kitchen-Cart-with-Butcher-Bl... 5/2/2019

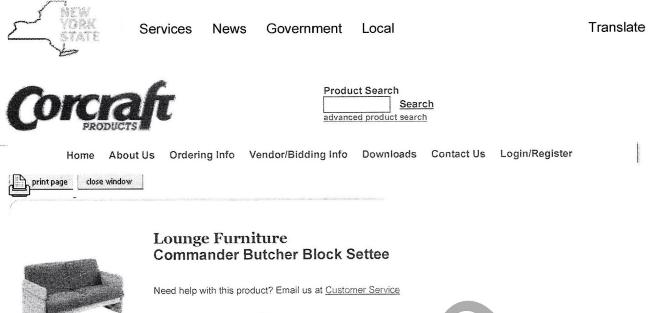


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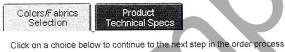
Open until 10PM! Glenmont Lowe's  $\,\,\smallsetminus\,$  Prices, promotions, styles, and availability may vary. Our local stores do not honor online pricing. Prices and availability of products and services are subject to change without notice. Errors will be corrected where discovered, and Lowe's reserves the right to revoke any stated offer and to correct any errors, inaccuracies or omissions including after an order has been submitted.





### Sold in Multiples of: one Base Price: \$510.00

Price is based of dock delivery within our delivery service area - additional charges for out of state delivery and inside delivery and setup options will be displayed during checkout



Made to Order Item Availibility Date: 6/16/2019 Stock Item Availibility Date: 5/5/2019



All information and materials on this site pertain to the U.S. only, unless otherwise indicated.

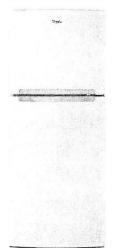
FREE SHIPPING ON THOUSANDS OF ITEMS WITH MYLOWE'S. SHOP NOW >



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#### Whirlpool

## 10.7 cu. ft. Top Freezer Refrigerator in White

★★★★☆☆(1,713)

Write a Review Questions & Answers (211)

- · Clear, full-width crisper and glass shelves keep food in sight
- Convenient, up-front electronic temperature controls
- Optional automatic ice maker available, 24ECKMF (sold separately)



Price includes 10% off Appliances Offer discounts. While supplies last.

Color/Finish: White





Sheek Earliest Derivery t

Tell us your ZIP Code

Check

Print

Add to Cart

Share Save to Favorites

## What We Offer

## Available

Installation available on most appliances when you purchase required parts Installation Requirements Move or

#### HAUL AWAY