



QUALITY OF WORK LIFE GRANTS APPLICATION FORM

(Please type or print.)

Please complete all four pages of this application form. If you have questions about any of the information requested, please call the appropriate field associate in your CSEA Region (see page 6). Forward completed applications to the field associate. **Incomplete applications will be returned.**

Grant Category (please check one):

- Break/Lunch Room Improvement
- Employee Recognition
- Wellness and Health Education
- Working Conditions
- Special Projects

Applicant Agency Name: _____

Applicant Facility Name: _____

Address: _____

CSEA Region: _____ CSEA Local #: _____

Please provide the total number of CSEA-represented New York State employees, by individual bargaining unit, who will benefit directly from this grant project:

ASU _____ ISU _____ OSU _____ DMNA _____

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 (use additional page if necessary):

Briefly indicate how your needs were assessed. Please cite examples (use additional page if necessary):

(This form may be duplicated.)

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Sample of "For Equipment Purchases Only" chart

Equipment Item to be Purchased	Size	Cost	Location of Equipment at Worksite	No. of CSEA-represented employees who will access the equipment
microwave	1.4 cu. ft.	\$92	Chautauqua Hall break room	11
microwave	1.4 cu. ft.	\$92	Maytum Hall break room	22
microwave	1.4 cu. ft.	\$92	McEwen Hall break room	26
refrigerator	15.7 cu. ft.	\$340	Chautauqua Hall break room	1
refrigerator	18.2 cu. ft.	\$389	Maytum Hall break room	22
refrigerator	20.5 cu. ft.	\$478	McEwen Hall break room	26
Total cost of items:		\$1,483		
10% agency/facility contribution (if over \$1,000):		\$148		
Total grant request:		\$1,335		

Budget:

Please present an itemized budget that details the costs associated with this grant proposal. You must be specific. Refer to page 4 for funding limits. Please include any shipping/handling or delivery costs, if applicable.

When requesting break/lunch room equipment, your request must reflect State contract prices or less. The contracts are formulated for a specific period of time and identify pricing available to the State for specific goods and services. Please visit the Office of General Services' website at www.ogs.state.ny.us/purchase/SearchBrowse.asp for contract information or contact your agency/facility fiscal officer. In addition, requests for break/lunch room equipment and employee recognition programs must meet the criteria outlined on pages 3 and 8.

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If approved, please indicate whether your agency/facility or CSEA local will be making the purchases for your grant:

Agency/Facility

CSEA Local

Authorized agency/facility fiscal officer or CSEA local treasurer responsible for making the purchase(s) and/or processing the documentation for reimbursement relative to this grant:

Name: _____

Title: _____

Work Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

NOTE: Before you submit the grant application, please make sure your agency/facility fiscal officer or CSEA local treasurer has reviewed your grant application, is aware of the purchasing guidelines established for the QWL Grants Program as provided on page 8, and has the authority to process the voucher for payment.

CSEA Local President:

Name (please print): Mr./Ms.

Management Representative:

Name (please print): Mr./Ms.

Title: _____

Preferred Address:

Work Address:

Phone: (____) _____

Phone: (____) _____

Fax: (____) _____

Fax: (____) _____

Email: _____

Email: _____

We certify that all information contained in this application is accurate and complete to the best of our knowledge. We have jointly collaborated in the assessment and development of this request and will continue to be involved in all aspects of the application.

Signature: _____

Signature: _____

Date: _____

Date: _____