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# Safety and Health Labor-Management Grants Program 2010 - 2011

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Guidelines & Application



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Employee Relations



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## A Joint Invitation



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of Employee Relations



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These guidelines explain to CSEA and management representatives in New York State agencies and facilities how to participate in the Safety and Health Labor-Management (SHLM) Grants Program.

The SHLM Grants Program offers an opportunity for New York State and CSEA labor-management representatives who face unique safety and health needs to apply for grants of up to \$50,000. These grants can be used by statewide or local safety and health labor-management committees to increase the effectiveness of their safety and health committees, improve workplace safety and health programs, reduce employee injuries and illnesses, and enhance organizational safety and health knowledge.

Criteria for awarding grants include active involvement by the safety and health labor-management committee to determine the project goals and potential for other state agencies to replicate what is developed from the grant. Through your leadership, successful grant initiatives can help build trust and strengthen a willingness to work together on a day-to-day basis to ensure the safety and health of employees while building the skills and knowledge of the CSEA-represented New York State workforce.

The SHLM Grants Program offers exciting opportunities for labor-management collaboration on innovative program development. We urge you to become familiar with the program and, above all, to take part. We look forward to the results of your joint efforts.



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## Purpose

The Safety and Health Labor-Management (SHLM) Grants Program offers an opportunity for New York State agencies and facilities and CSEA locals facing unique safety and health concerns to apply for grants of up to \$50,000. These grants can be used to address large scale safety and health issues in the workplace caused by such things as reorganization, new technology, changing customer needs, new legal or regulatory requirements, or specialized job skill training needs. A grant may be used to address the following issues:

- Prevention of work-related injuries and illnesses
- Reduction of lost work time and workers' compensation costs
- Compliance with standards, regulations, and code rules
- Changes in policies, procedures, technologies, or work processes

All projects must have the support of CSEA and management and achieve the mutual goals of increasing organizational effectiveness, enhancing employee job skills, and ensuring the safety of the state's workforce. CSEA and management representatives are encouraged to confer with Partnership staff in the development of grant proposals. To apply for a SHLM grant, CSEA local presidents and agency/facility management representatives should complete a SHLM grant application form that describes their proposed project.

## Criteria for Awarding Grants

Grant applications will be evaluated on the extent to which they address the following criteria.

1. Active involvement of labor and management representatives in all phases of the project from development to evaluation.
2. Address specific areas of safety and health needs documented by:
  - Injury and illness data
  - Workers' compensation costs
  - Mandatory requirements of PESH or other regulatory entity
  - Hazards brought on by changes in policy or technology
3. Description of the process undertaken to determine the need for this grant proposal.
4. Likelihood of success in addressing specific areas of employee education or training needs.
5. Strength of agency/facility commitment to the project (for example, release time, staff support, additional agency/facility resources), and support demonstrated by labor and management.
6. Cost effectiveness of the proposal.
7. Adequacy of the plans for evaluating project outcomes (for example, evaluation planning, performance measurements, reporting of evaluation results).
8. Reasonableness of the project implementation plan.
9. Potential for other agencies/facilities to replicate or reuse part of what is developed through the project (for example, curriculum, materials, or evaluation methods).

**NOTE: If applying for a grant to supplement mandated training you must describe how you will ensure future compliance once the grant has been completed.**

Preference for grant awards will be given to projects that will be institutionalized beyond the proposed initial project and that teach skills to prepare employees for current and future workforce needs.

## **General Guidelines and Requirements**

- Agencies/facilities and CSEA locals should assign a project coordinator for the grant who will be responsible for fulfilling all requirements (for example, coordination with the Partnership, financial reporting, project implementation, and evaluation) for the grant.
- Agencies/facilities may begin to expend funds only after receiving formal written approval from the Partnership. Any changes to the approved grant or budget plan must be requested in writing and written approval from the Partnership must be received before proceeding. Project coordinators are responsible for all expenditures and are expected to work closely with their agency/facility fiscal officer.
- The SHLM Grants Program is not intended to supplement agency/facility budgets for routine or required safety and health training. If applying for a grant to supplement mandated training, agencies/facilities must explain how it will ensure future compliance once the grant has been completed.
- Grant fund expenditures are subject to the purchasing requirements of New York State and individual agencies. Reimbursement will require complete documentation of expenses and original receipts.
- Grants are not to be used to hire staff or purchase food or beverages. Equipment purchases may be considered for approval if used for demonstration or training purposes only.
- The Partnership will retain ownership of any curriculum and training materials developed. If grant funds are used to develop a training curriculum, the curriculum must conform to the New York State Governor's Office of Employee Relations/Labor-Management Committee (GOER/LMC) Copyright Policy. This policy assures that copyright laws are followed with proper approvals for use of copyrighted materials. The agency/facility must provide the Partnership with draft curriculum during the development process (initial design concept, draft, and final curriculum).
- Training courses must follow NYS & CSEA Partnership guidelines for submission of course rosters, participant evaluation forms, pre- and post-assessments, etc.
- Within 30 days of project completion and prior to final reimbursement, the project coordinator is required to submit the following documentation:
  - a. A project evaluation report (summarizing the evaluation methods and results).
  - b. Electronic and master copies of any program curriculum, materials, and handouts developed for the grant.
  - c. Final expense summary report.
  - d. Other documentation as agreed to by the Partnership and the agency/facility.

## Payment of Grant Funds

The Partnership will work with each agency/facility to determine the best way to administer the funding of a project. If the grant application is approved, a letter will be sent to the CSEA local president and management signatories on the application with an additional copy to the Project Coordinator. The authorized agency/facility fiscal officer will also receive a copy of the approval letter along with a Journal Transfer/Revenue Transfer (AC 22) form and instructions for completing it.

Agencies/facilities are required to first make purchases with funds from their own operating budgets. Once the project is complete, the Journal Transfer/Revenue Transfer form must be submitted to the Partnership with proof of payment along with all documentation of the project itemized in the letter of approval. All reimbursements to your agency/facility will be made by the Partnership through Journal Transfer/Revenue Transfer. Applicants are encouraged to work closely with their purchasing office throughout the grant application process and to accurately identify the responsible agency/facility fiscal officer on their application form.

## How to Apply

Complete the attached application and return it by mail or fax to:

**Mark Stackrow, Program Associate**  
NYS & CSEA Partnership for Education and Training  
Corporate Plaza East – Suite 502  
240 Washington Avenue Extension  
Albany, NY 12203  
Phone: 518-486-2936  
Fax: 518-473-0056  
Email: [stackrowm@nyscseapartnership.org](mailto:stackrowm@nyscseapartnership.org)



Corporate Plaza East – Suite 502  
240 Washington Avenue Extension  
Albany, New York 12203  
Phone: 518-486-7814  
Fax: 518-473-0056

## SAFETY AND HEALTH LABOR-MANAGEMENT GRANT APPLICATION (Please type or print)

To apply for a grant, labor-management representatives from your agency/facility must complete this application and mail or fax it to Mark Stackrow at the NYS & CSEA Partnership (mailing address and fax number are provided above). Submit one application for each request. Partnership staff will contact the project coordinator regarding the next steps.

**Multiple Requests:** If submitting multiple applications, number each request by placing a number in this box  in priority order, with number one being the highest priority.

**NOTE:** Before you submit the grant application, please make sure your agency/facility fiscal officer has reviewed your grant application, is aware of the purchasing guidelines established for the SHLM Grants Program as provided on page 4, and has the authority to process the voucher for payment.

### Part A: Application Cover Sheet

1. Agency: \_\_\_\_\_

2. Facility (if applicable): \_\_\_\_\_

3. Grant Project Title: \_\_\_\_\_

4. Total number of CSEA-represented employees who will benefit from this grant project: \_\_\_\_\_

Total numbers in each CSEA bargaining unit who will benefit from this grant project:

ASU \_\_\_\_\_ ISU \_\_\_\_\_ OSU \_\_\_\_\_ DMNA \_\_\_\_\_

5. Job title(s) of employees targeted to participate: \_\_\_\_\_

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**Part A: Application Cover Sheet (continued)**

**6. Project Coordinator:**

Provide the name of the lead person who will be responsible for fulfilling all grant requirements (financial reporting, coordination with the Partnership, project implementation, and evaluation) for this grant. Project coordinators are accountable for all expenditures and are expected to work closely with their agency/facility fiscal officer.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**7. Labor-Management Contact Information:**

**Management Representative\***

**CSEA Local President**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

CSEA Local Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Management representative must be a human resources or personnel director, training director, facility director, or equivalent.*

We certify that all information contained in this application is accurate and complete. We have collaborated in the assessment and development of this grant request and will continue to be involved in all aspects of the project including implementation and evaluation.

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in employment, admission, or access to its programs or activities. Reasonable accommodation will be provided upon request.*

## **Part B: Project Narrative**

*Attach a typed narrative addressing the following topics. Be specific and include topic headings.*

### **1. Project Description**

Describe your proposed project in detail. State the proposed project, its goals, and what the solution entails – the full scope of the project to be accomplished with the grant.

**NOTE: If applying for a grant to supplement required training you must describe how you will ensure future compliance once the grant has been completed.**

### **2. Needs Assessment and Desired Outcomes**

Describe the process undertaken to determine the need for this grant proposal. State the education or training need this grant proposal will address and how the project will successfully meet the need.

Describe the specific outcomes expected from the project and state how these outcomes will benefit both your employees and the agency/facility.

### **3. Project Planning and Implementation**

Describe how the project was designed and if a curriculum will be developed for the project. State the proposed delivery methods for the project (for example, online course, workshop, train-the-trainer) and the training resources or consultants required for the project.

Describe your project implementation plan (for example, timeline with milestones and dates, progress reporting to the Partnership, etc.). State how you will recruit and select participants, if applicable, and the labor-management process you will follow to accomplish selection.

Describe how the project will be evaluated including the specific performance measures that will be used to evaluate the outcomes in the workplace. Indicate who will prepare and review the evaluation report.

Describe the action steps your agency/facility will take to reinforce this project in the workplace to ensure the desired outcomes. If curriculum and training programs are developed with grant funds, describe how the training will be institutionalized in your agency.

### **4. Labor and Management Involvement**

Describe how labor and management were involved in the development of this project and how both will be involved throughout the project.

Describe your agency/facility commitment to the project and the resources the it will provide (for example, in-kind contributions, monetary or non-monetary contributions, training or meeting room space, release time for participants, staff or agency resources to support the grant, etc.).

### **5. Replication Potential and Additional Information**

Describe any potential for other state agencies to replicate or reuse all or part of this grant project (for example, design process, materials, evaluation methods).

Please provide any additional information that you would like to be considered in reviewing this application.

## Part C: Budget Narrative

1. Provide a narrative description for each applicable budget category from Part D: Project Budget – Personnel, Materials and Supplies, Facilities, and Other Expenses. This narrative must describe all items identified in the budget lines. For example, under Personnel, provide the name and resume of consultant, number of days of service, cost per day, specifics about travel expenses, and explain consultant selection process. Identify each category by name in the narrative.
2. Provide a brief cost justification for each applicable budget category from Part D: Project Budget – Personnel, Materials and Supplies, Facilities, and Other Expenses to support the cost effectiveness of the proposal. Documentation should include comparison quotes for each expense supporting reasonableness of cost. If lowest cost was not selected, please provide justification for “best value” selection. If a sole source was selected, please explain rationale for selection.

## Part D: Project Budget

*Please list all applicable costs within the following four budget categories. Attach additional pages if necessary. Original receipts are required for reimbursement.*

### 1. Personnel:

Consultant Fees:	\$ _____
Consultant Mileage:	\$ _____
Consultant Lodging:	\$ _____
Consultant Meals (breakfast and dinner only):	\$ _____
Other (specify): _____	\$ _____
_____	\$ _____
Total Cost:	\$ _____
Agency Contribution (subtract):	\$ _____
Other In-kind Support – Specify _____ (subtract):	\$ _____
SHLM Grant Funding Requested for Personnel:	_____

### 2. Materials and Supplies: Includes items such as workshop materials or printing. Specify quantities where appropriate.

Workshop Materials:	\$ _____
Printing:	\$ _____
Other (specify): _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost:	\$ _____

Agency Contribution (subtract): \$ \_\_\_\_\_  
 Other Support – Specify \_\_\_\_\_ (subtract): \$ \_\_\_\_\_  
 SHLM Grant Funding Requested for Materials and Supplies \$ \_\_\_\_\_

**3. Facilities:** Includes items such as room rentals and AV equipment. State agency/facility space should be used if available.

Room Rental: \$ \_\_\_\_\_  
 Equipment Rental: \$ \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Cost: \$ \_\_\_\_\_  
 Agency Contribution (subtract): \$ \_\_\_\_\_  
 Other Support – Specify \_\_\_\_\_ (subtract): \$ \_\_\_\_\_  
 SHLM Grant Funding Requested for Facilities: \$ \_\_\_\_\_

**4. Other Expenses:** Specify items not included in the above categories.

Item 1: \_\_\_\_\_ \$ \_\_\_\_\_  
 Item 2: \_\_\_\_\_ \$ \_\_\_\_\_  
 Item 3: \_\_\_\_\_ \$ \_\_\_\_\_  
 Item 4: \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Cost: \$ \_\_\_\_\_  
 Agency Contribution (subtract): \$ \_\_\_\_\_  
 Other Support – Specify \_\_\_\_\_ (subtract): \$ \_\_\_\_\_  
 SHLM Grant Funding Requested for Other Expenses: \$ \_\_\_\_\_

**Total Grant Funding Requested:** \$ \_\_\_\_\_

*(Add amounts requested in all categories)*

**Agency/Facility Fiscal Officer:**

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

Name of Fiscal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fiscal Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_