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	**Grant Number** *(Partnership Use Only)*
Agency	
Facility	
CSEA Region	CSEA Local Number

Grant Category (select one)	Number of CSEA-represented employees in each bargaining unit	
☐ Break/Lunchroom Improvement	ASU	
☐ Employee Recognition | Event Date:	ISU	
☐ Special Projects	OSU	
☐ Wellness and Health Education	DMNA	
☐ Working Conditions	Non-CSEA	
	Total	

Project Coordinator (select one)		
☐ Management Representative	☐ CSEA Local President	☐ Other

Name		Address
Title		
Phone		
Fax		
Email		

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**
Title	**CSEA Local Number**
Address	**Address**
Phone	**Phone**
Email	**Email**

By signing and submitting this application, the management representative and the CSEA Local President noted above certify that:

1. All information contained in this application is accurate and complete.
2. The assessment and development of this grant request has been a joint collaboration.
3. The management representative and CSEA Local President will be involved in all aspects of project implementation and evaluation.

Management Representative Signature		CSEA Local President Signature	
Date		**Date**	

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.

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.

2. Needs Assessment Process
Describe the process undertaken to determine the need for this grant proposal.

3. More Information *(optional)*
Share more information you would like to be considered in reviewing this grant.

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
For CSEA Local Purchases Only: Enter the CSEA Local 10-digit Statewide Financial System Vendor ID Number: *This number is required for reimbursement.*	

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	
Title	
Address	
Phone	Fax
Email	
Signature of Agency Fiscal Officer OR CSEA Local Treasurer	
	Date

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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
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					SUBTOTAL	$
					Shipping	$
					FOR CSEA LOCALS ONLY Sales Tax	$
					Other (set up, removal fee, etc.)	$
					Other	$
					Other	$
					TOTAL GRANT REQUEST	$

Have Questions?
Contact Us – Connect with the field associate for your CSEA region.

We're here to help!

PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

You must complete the following when you apply for an employee recognition grant, and *again* following the event or delivery of the award to verify attendance/receipt. Reimbursement is based on individual receipt of an award/meal, not the total number eligible. *Attach pages, if necessary.*

NAME OF AWARDEE *(Include eligible guests)*	CSEA Bargaining Unit	AWARD DESCRIPTION	AWARD COST	MEAL COST	TOTAL COST	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
		SUBTOTAL	$	$	$	
		Shipping	$	$	$	
		FOR CSEA LOCALS ONLY - Sales Tax	$	$	$	
		Other (example - logo set up fee, delivery, etc.)	$	$	$	
		Other	$	$	$	
		Other	$	$	$	
		TOTAL GRANT REQUEST	$	$	$	

FOR APPROVAL

To be completed by the HR representative or designee

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.

☐ I confirm the eligibility of the employees identified with this grant application.

Print Name _____

Job Title _____

Phone Number _____

Email _____

Signature _____ Date _____

FOR REIMBURSEMENT (AFTER APPROVAL)

To be completed by the Project Coordinator

☐ I confirm the attendance/receipt of awards for the employees identified with this form.

Print Name _____

Job Title _____

Phone Number _____

Email _____

Signature _____ Date _____

Partnership Use Only: Grant Number _____

EXTRA PAGES FOR PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

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			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
		SUBTOTAL	$	$	$	
					TOTAL GRANT REQUEST w/ previous pages added	$

EXTRA PAGES FOR PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

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			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
		SUBTOTAL	$	$	$	
					$	
				TOTAL GRANT REQUEST w/ previous pages added		

EXTRA PAGES FOR PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

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			$	$	$	
			$	$	$	
			$	$	$	
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			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
		SUBTOTAL	$	$	$	
					TOTAL GRANT REQUEST w/ previous pages added	$

NOTES