

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 <i>(Partnership Use Only)</i>
Agency		
Facility		
CSEA Region		
CSEA Local Number		
Grant Category (select one)		
Break/Lunchroom Improvement		
Employee Recognition Anticipated Event Date		
Wellness and Health Education		
Working Conditions		
Special Projects		
Bargaining Unit Name	Number of CSEA-represented employees in each bargaining unit to benefit	
ASU		
ISU		
OSU		
DMNA		
	Total	

PART A - APPLICANT INFORMATION CONTINUED

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

Name
Title
Phone
Email
Agency
Address

PART A - APPLICANT INFORMATION CONTINUED

Labor-Management Contact Information			
Management Representative <i>(Refer to Key Requirements and Definitions Section page 4)</i>		CSEA Local President <i>(Refer to Key Requirements and Definitions Section page 4)</i>	
Name		Name	
Title		CSEA Local Number	
Address		Address	
Phone		Phone	
Email		Email	
<p>By signing and submitting this application, the management representative and the CSEA Local President noted above certify that:</p> <ol style="list-style-type: none"> 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 - AGENCY FISCAL OR PROCUREMENT STAFF

Instructions: Identify who will make the purchase and who will complete the procurement process, along with the appropriate contact information and signature.

Name		
Title		
Address		
Phone	Fax	
Email		
Signature of Agency Fiscal or Procurement Staff		
	Date	



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PART C – 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

Provide a brief summary of the grant proposal, including an overview of the requested items and their purpose.

2. Needs Assessment Process


Explain the process used to determine the need for this grant proposal.

3. Project Benefits

Explain how you anticipate this project will benefit both your CSEA-represented NYS employees and your agency/facility.

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 WHERE EQUIPMENT WILL BE STORED (if applicable)	RECIPIENTS (# of CSEA-represented NYS employees)	QUANTITY	COST PER ITEM	TOTAL COST
<i>Example: Refrigerator</i>	<i>20 cubic ft</i>	<i>Kenoza Lake</i>	<i>35</i>	<i>1</i>	<i>\$ 728.00</i>	<i>\$ 728.00</i>
					\$	\$
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					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
SUBTOTAL						\$
 <p>Have Questions? Connect with the field associate for your CSEA region. We're here to help!</p>					Shipping	\$
					Disposal or Removal Fee	\$
					Other (set up, credit card fee, etc.)	\$
					Other	\$
					Other	\$
					TOTAL GRANT REQUEST	\$

PART D2 SECTION 2 – SUMMARY & APPROVAL

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 the number of individuals in receipt of an award/meal, not the total number eligible. Attach pages, if necessary.

NAME OF AWARDEE (Include eligible guests)	CSEA Bargaining Unit	AWARD TYPE	AWARD COST	MEAL COST	TOTAL COST	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
<i>Example: Reese Derby</i>	<i>ISU</i>	<i>10 Yrs - glasses</i>	<i>\$16.99</i>	<i>\$</i>	<i>\$16.99</i>	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
SUBTOTAL			\$	\$	\$	
Shipping			\$	\$	\$	
Disposal or Removal Fee			\$	\$	\$	
Other (example - logo set up fee, credit card fee, etc.)			\$	\$	\$	
Other			\$	\$	\$	
Other			\$	\$	\$	
TOTAL GRANT REQUEST FOR THIS PAGE			\$	\$	\$	

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 _____

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 the number of individuals in receipt of an award/meal, not the total number eligible. *Attach pages, if necessary.*

[illegible]

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 the number of individuals in receipt of an award/meal, not the total number eligible. Attach pages, if necessary.

[illegible]

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 the number of individuals in receipt of an award/meal, not the total number eligible. Attach pages, if necessary.

[illegible]

NYS & CSEA Partnership

Visit our website for more information
on all of our Grant Programs

www.nyscseapartnership.org



Achieve Workplace Goals With Grant Funding Three Grant Programs Available

Successful grant initiatives can help build cooperation and trust among NYS managers and CSEA leaders, and strengthen a willingness to work together on a day-to-day basis.



Labor-Management Workforce Development

Address large scale issues, such as reorganization, consolidation, new technology, changing customer needs, legal or regulatory requirements, or specialized training.



Quality of Work Life

Purchase break room equipment, conduct employee recognition programs, implement health and wellness projects, and improve working conditions.



Safety and Health

Improve workplace safety and health programs, reduce employee injuries and illnesses and enhance organizational safety and health knowledge.