

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 <i>(select one)</i>	
<input type="checkbox"/> Break/Lunchroom Improvement	
<input type="checkbox"/> Employee Recognition Anticipated Event Date	
<input type="checkbox"/> Wellness and Health Education	
<input type="checkbox"/> Working Conditions	
<input type="checkbox"/> 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
By signing and submitting this application, the management representative and the CSEA Local President noted above certify that:	
<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 D2 SECTION 1 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

Calculated totals will appear on the last page: Part D2 Section 2 – Summary & Approval. The HR representative or designee must sign there to confirm the eligibility of employees and again after grant approval to confirm the attendance/receipt of awards for each employee.

Reimbursement is based on the number of individuals in receipt of an award/meal and the maximum cost per person (see page 6), not the total number eligible.

PART D2 SECTION 1 EXTRA PAGES- PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

PART D2 SECTION 1 EXTRA PAGES- PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

PART D2 SECTION 2 – SUMMARY & APPROVAL PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

The HR representative or designee must sign here to confirm the eligibility of employees and again after grant approval to confirm the attendance/receipt of awards for each employee. Reimbursement is based on the number of individuals in receipt of an award/meal and the maximum cost per person (see page 6), not the total number eligible.

NAME OF AWARDEE (Include eligible guests)	CSEA BU	AWARD TYPE	AWARD COST	AWARD REIMB	MEAL COST	MEAL REIMB	TOTAL COST	TOTAL REIMB	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
Example: Reese Derby	ISU	10 Yrs - glasses	\$37.99	\$35.00	\$12.00	\$12.00	\$49.99	\$47.00	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
PAGE SUBTOTAL			\$	\$	\$	\$	\$	\$	
TOTAL with all previous pages added			\$	\$	\$	\$	\$	\$	
Shipping			\$		\$		\$	\$	
Disposal or Removal Fee			\$		\$		\$	\$	
Other (example - logo set up fee, credit card fee, etc.)			\$		\$		\$	\$	
Other			\$		\$		\$	\$	
GRAND TOTAL			\$	\$	\$	\$	\$	\$	

FOR APPROVAL	FOR REIMBURSEMENT (AFTER APPROVAL)
To be completed by the HR representative or designee	
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<input type="checkbox"/> I confirm the eligibility of the employees identified with this grant application.	
Print Name _____	
Job Title _____	
Phone Number _____	
Email _____	
Signature _____ Date _____	
<input type="checkbox"/> 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 _____	

NYS & CSEA Partnership

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

www.nycseapartnership.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.