

## 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.

<b>Grant Information</b>		<b>Grant Number</b> <i>(Partnership Use Only)</i>	
<b>Agency</b>			
<b>Facility</b>			
<b>CSEA Region</b>		<b>CSEA Local Number</b>	
<b>Grant Category (select one)</b>		<b>Number of CSEA-represented employees in each bargaining unit</b>	
Break/Lunchroom Improvement		ASU	
Employee Recognition   Event Date:		ISU	
Special Projects		OSU	
Wellness and Health Education		DMNA	
Working Conditions		Non-CSEA	
		<b>Total</b>	
<b>Project Coordinator (select one)</b>			
Management Representative		CSEA Local President	Other
<b>Name</b>			<b>Address</b>
<b>Title</b>			
<b>Phone</b>			
<b>Fax</b>			
<b>Email</b>			

## PART A - APPLICANT INFORMATION

Labor-Management Contact Information	
<b>Management Representative</b> <i>(Must be HR or personnel director, training director, facility director, or equivalent)</i>	CSEA Local President
<b>Name</b>	Name
<b>Title</b>	CSEA Local Number
<b>Address</b>	Address
<b>Phone</b>	Phone
<b>Email</b>	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"> <li>1. All information contained in this application is accurate and complete.</li> <li>2. The assessment and development of this grant request has been a joint collaboration.</li> <li>3. The management representative and CSEA Local President will be involved in all aspects of project implementation and evaluation.</li> </ol>	
<b>Management Representative Signature</b>	CSEA Local President Signature
<b>Date</b>	Date

*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		
<p><b>For CSEA Local Purchases Only:</b>                  Enter the CSEA Local 10-digit Statewide Financial System Vendor ID Number:  <i>This number is required for reimbursement.</i></p>			
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			
	<table border="1"> <tr> <th>Date</th> <td> </td> </tr> </table>	Date	
Date			

### PART D1 – PROJECT BUDGET WORKSHEET

Enter a description appropriate for the grant type, and complete all other columns. Be sure to calculate the total grant fund request and submit the appropriate number of vendor quotes. *Attach pages, if necessary.*

ITEM DESCRIPTION <i>(Identify the type of equipment)</i>	SIZE OF EQUIPMENT	LOCATION OF EQUIPMENT	RECIPIENTS <i>(# of CSEA-represented NYS employees)</i>	QUANTITY	COST PER ITEM	TOTAL COST
					\$	\$
					\$	\$
					\$	\$
					\$	\$
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					\$	\$
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<b>SUBTOTAL</b>					\$	\$
 <p><b>Have Questions? Contact Us</b> – Connect with the field associate for your CSEA region.  We're here to help!</p>					<b>Shipping</b>	\$
					<b>FOR CSEA LOCALS ONLY Sales Tax</b>	\$
					<b>Other</b> <small>(example, logo set up fee)</small>	\$
					<b>TOTAL GRANT REQUEST</b>	\$

## 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 <i>(Include eligible guests)</i>	CSEA Bargaining Unit	AWARD DESCRIPTION	AWARD COST	MEAL COST	TOTAL COST	ATTENDANCE/ RECEIPT Y/N <i>(FOR AFTER APPROVAL)</i>
			\$	\$	\$	
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<b>SUBTOTAL</b>			\$	\$	\$	
<b>Shipping</b>			\$	\$	\$	
<b>FOR CSEA LOCALS ONLY - Sales Tax</b>			\$	\$	\$	
<b>Other</b> <small>(example, logo set up fee)</small>			\$	\$	\$	
<b>TOTAL GRANT REQUEST</b>			\$	\$	\$	

**FOR APPROVAL**  
To be completed by the HR representative or designee

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 \_\_\_\_\_

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

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<b>Shipping</b>			\$	\$	\$	
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<b>SUBTOTAL</b>			\$	\$	\$	
<b>Shipping</b>			\$	\$	\$	
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