

# QUALITY OF WORK LIFE GRANTS PROGRAM

## GUIDELINES AND APPLICATION

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### ADDRESS WORKPLACE NEEDS

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NYS & CSEA Partnership  
for Education and Training  
Corporate Plaza East – Suite 502  
240 Washington Ave Ext.  
Albany, NY 12203

(800) 253-4332  
[www.nyscseapartnership.org](http://www.nyscseapartnership.org)

# Apply for Grant Funding

## Build a Better Workplace for Employees

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Working together, state managers and CSEA leaders can apply for grant funding to boost employee morale, productivity, service delivery, and more.

Through collaboration and leadership, successful grant initiatives can help build trust and strengthen a willingness to work together daily. That's why state managers and CSEA leaders must commit to working together through all phases of the grant project. You can apply to receive up to \$3,000 per grant category per fiscal year.

The following guidelines explain how CSEA and management representatives in NYS agencies and facilities can apply for grant funding and fulfill the reimbursement process.

We're here to help. Please reach out to your regional field associate before you apply. They will lead you through every step of the grant application process.

We urge you to participate in the program and look forward to the results of your joint efforts.

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## Apply for Up to \$3,000 in Grant Funding, Per Category

To apply for more than one grant category, submit a separate application form for each.



### Before You Apply

**Contact Us** – We're here to help!

Connect with the field associate for your CSEA region to get started.

### FIELD ASSOCIATES

CSEA REGIONS 1 & 2:  
Long Island, Metropolitan



**DAWN DESTINE**

dawn.destine@  
nyscseapartnership.org

(631) 982-8761

CSEA REGION 3 & 4:  
Southern, Capital



**SCOTT KING**

scott.king@  
nyscseapartnership.org

(845) 235-5058

CSEA REGIONS 5 & 6:  
Central, Western



**JOHN GRAY**

john.gray@  
nyscseapartnership.org

(315) 428-4407

### KEY REQUIREMENTS



**Joint  
Labor/Management  
Support**

CSEA leaders and state management representatives must commit to work together through all phases of the grant project.



**Project  
Coordinator**






This individual fulfills all grant requirements on behalf of the agency/facility, and works closely with the agency fiscal officer or the local CSEA treasurer. *They do not have to be a state manager or CSEA leader.* This person can be anyone who is willing to take on the responsibility.



**Exclusive  
Benefit**

The project or program funded by the grant must be for the exclusive benefit of CSEA-represented NYS employees.

**ELIGIBLE PROJECTS**

		EXAMPLES
	<p><b>Break/Lunchroom Improvement</b> Make improvements at sites that lack sufficient space or nearby eateries.</p>	<p><i>Kitchen furniture, such as tables and chairs. Appliances, including coffee makers, toaster ovens, microwaves, and refrigerators.</i></p>
	<p><b>Employee Recognition</b> Develop or complement an existing employee recognition program for length of service, exceptional one-time performance, or outstanding achievement.</p>	<p><i>Plaques, clocks, certificates, pins, shirts, hats, and meals at recognition events.</i></p>
	<p><b>Wellness and Health Education</b> Help employees learn life-enhancing techniques.</p>	<p><i>Nutrition, stress management or health/fitness trainings/speakers. Heart disease prevention and control.</i></p>
	<p><b>Working Conditions</b> Improve the physical working conditions for employees.</p>	<p><i>Heaters, fans, portable air conditioners, and ice makers.</i></p>
	<p><b>Special Projects</b> Bring us your unique and innovative ideas for consideration.</p>	<p><i>Bulletin boards, nursing mother's lounge.</i></p>

**INELIGIBLE PROJECTS**

Grant funding is **not** available to:



- Buy food or beverages for the worksite, including water coolers, or utensils for serving food.
- Purchase gas grills or smoke ventilators.
- Replace commercial-grade appliances, microwaves, and refrigerators purchased with Quality of Work Life grants within the last four years.
- Purchase entertainment items/equipment (for example, televisions, radios, movies, DVD players).
- Make capital improvements (for example, lockers, cabinets, stoves, ranges, central air).
- Give cash or cash equivalent awards (for example, gift cards, savings bonds).
- Fund ongoing projects or recertification courses, exercise equipment, health club memberships, smoking cessation programs, and weight loss classes.



### Limitations

Please take note of the following limitations on eligible break/lunchroom equipment and employee recognition meals.

BREAK/LUNCHROOM EQUIPMENT LIMITATIONS			
Number of Employees	Maximum Coffeemaker Size	Maximum Microwave Quantity and Size	Maximum Refrigerator Size
1-4	Household grade with one burner or single-service (for example, Keurig, Nespresso, etc.)	One microwave no larger than 2.0 cubic feet	4.9 cubic feet max
5-10			10.7 cubic feet max
11-20	Commercial grade with up to three burners		15.7 cubic feet max
21-30		18.2 cubic feet max	
31+		Up to two microwaves no larger than 2.0 cubic feet	20.5 cubic feet max

EMPLOYEE RECOGNITION AWARD LIMITATIONS	
<p>There are limitations on cost based on the award and/or meal type, per person. You may apply for both an award and a meal if the cost falls within these limitations and the total allowable grant amount.</p>	
<p><b>Award Type, Maximum \$ Per Person</b></p> <ul style="list-style-type: none"> <li>• Special Achievement, \$35</li> <li>• 10 Years of Service, \$35</li> <li>• 15 Years of Service, \$40</li> <li>• 20 Years of Service, \$45</li> <li>• 25 Years of Service, \$50</li> <li>• 30 Years of Service, \$60</li> <li>• 35+ Years of Service, \$75</li> </ul>	<p><b>Meal Type, Maximum \$ Per Person</b></p> <ul style="list-style-type: none"> <li>• Breakfast, \$8</li> <li>• Lunch, \$15</li> <li>• Dinner, \$30</li> </ul>

**Please also be aware of the following:**

- Awards or meals for events in which all staff at an agency/facility will be recognized will **not** be approved. *For example, employee picnics and holiday parties.*
- Meals will be reimbursed for one guest speaker, one CSEA representative, one management representative, and awardees *only*.
- Alcohol as a gift or as part of a meal will **not** be approved.
- You must submit an award proof to us along with your application when incorporating artwork of any kind, such as engravings and logos. When logos are in use, both the relevant NYS and CSEA logo must appear and maintain equality in size.




You must complete the enclosed participant/awardee list (Part D2) when you apply for the grant and *again* after grant approval following delivery of the award or meal.

**You will be reimbursed based on an attestation of the total number of eligible employees who participated in the recognition event/acknowledged receipt of an award.** Not everyone who is eligible for an award may be able to attend the event so please plan accordingly.

## APPLY

Once you've discussed your grant proposal with us, the next step is to complete the application.

### Strong applications will include:

	A brief description of employee and organizational needs to be addressed by the grant and how the grant will benefit both CSEA-represented NYS employees and the agency/facility.
	A brief description of how needs were assessed.
	More information for consideration. <i>(Optional)</i>

### Grant-Writing Tips

Complete all required fields and questions in Parts A, B, C, and D of the application. Be sure to include any relevant attachments.

- ✓ **Part A – Applicant Information:** Identify a project coordinator. Include signatures from labor and management representatives, and the agency fiscal officer or local CSEA treasurer.
- ✓ **Part B – Project Narrative:** Explain the full scope of the project. Answer all questions and fields.
- ✓ **Part C – Purchasing Information for Agency Fiscal Officer or CSEA Local Treasurer:**
  - \$499 or less - Submit **two** different vendor price quotes.
  - \$500 or more - Submit **three** different vendor price quotes or single source justification.
  - Always use list/sticker price. Never use a sales price in your quotes.
- ✓ **Part D1 – Project Budget Worksheet - For Break/Lunchroom, Wellness and Health Education, Working Conditions and Special Projects.** Enter a description and total cost for each item. Calculate totals, verify accuracy, and match the project narrative and any other supporting materials (price quotes).
- ✓ **Part D2 – Participant/Awardee List - Only for Employee Recognition.** Complete and submit when you apply and again after approval for reimbursement.
- ✓ **Attachments:** Provide all relevant supplemental information. For example, award proofs, consultant resumes, vendor quotes, single source justification.

Return the completed application and attachments to the field associate for your CSEA region (see page 4).

## TIMELINE



It generally takes two weeks from the time of submission to receive a decision.

### Application Review Process

The following timeline is an estimate and is subject to change.




1. **Three Business Days** – You'll get an email confirming receipt of your application.
2. **One Week** – If anything is missing from your application, you will hear from us.
3. **Two Weeks** – The state management representative and CSEA Local President will receive a written decision and, if approved, a copy of the appropriate reimbursement claim form.

## PURCHASE

	Do <b>not</b> buy anything <b>before</b> you get formal written approval. Never buy items you weren't approved for. Never use an individual's personal credit card.
	Get formal written approval and <b>then</b> make purchases.

### Purchasing Procedures

The grant will be withdrawn if purchases are not completed within **90 days** from the approval letter OR before the end of the NYS fiscal year in which the grant was awarded, whichever comes first.

-  **Compliance** – Follow all state and agency purchasing practices, as always. Purchases should never be made using a personal credit card.
-  **Changes** – Request any changes in writing. Wait for written approval; otherwise, purchases will not be reimbursable.
-  **Documents** – Keep all invoices, original receipts, JPMC credit card statements, cancelled checks, bank statements, and proof of shipping/delivery, as relevant.



*The Partnership retains **ownership** of any equipment purchased with grant funds.*

### Agency/Facility Responsibilities

#### EQUIPMENT INVENTORY

An inventory tag must remain on all grant-purchased equipment, and a completed inventory form **must** be returned to the Partnership.

#### SECURITY AND MAINTENANCE

The security, maintenance, repair, and/or replacement of equipment purchased with grant funds is the responsibility of CSEA leaders and management representatives. Keep all equipment warranties on file.

***No new grants will be considered until we get a completed inventory report form.***



## PROJECT COMPLETION

The project coordinator must submit documentation within **30 days** of project completion for reimbursement.



### Required Documents

- Reimbursement request form
  - **For agency purchases:** General Ledger Journal Entry (Form AC 22-S) with Agency Fiscal Officer’s authorized signature.
  - **For CSEA Local purchases:** Claim for Payment Form (AC3253-S) with the CSEA Local Treasurer’s authorized signature and Vendor ID Number.
- Final invoice from the vendor.
- Proof of payment (*receipts, invoices*).
- Proof of receipt of items (*packing slips*).
- Participant/awardee list for Employee Recognition grants only.
- Other documentation as agreed to by the Partnership and the grant applicant.

## REIMBURSEMENT

Failure to submit all necessary documentation may result in the grant being withdrawn.

### AGENCIES

Reimbursement for approved project expenses will occur through a funding expense transfer process. This happens via a **General Ledger Journal Entry** (Form AC 22-S), following NYS Finance Law and Office of the State Comptroller’s rules and regulations.

### CSEA LOCALS

If the approved items were purchased with CSEA local funds, the reimbursement will occur via a **Claim for Payment Form** (AC3253-S). This form must have the signature of the local treasurer who is on file with the Statewide Financial System (SFS). Otherwise, you will have to file the necessary change form.

A CSEA local **must** be a vendor in the SFS with a Vendor Identification Number to complete the form for reimbursement. A Vendor Identification Number is different from a Federal Tax ID/EIN.

### THREE STEPS TO BECOME A VENDOR IN SFS

The CSEA Local Treasurer will need to take the following steps to become a vendor.

<p><b>1</b></p> <p><b>Get the Appropriate Form</b> Download the Substitute Form W-9: Request for Taxpayer Identification Number &amp; Certification (AC 3237-S) at <a href="http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf">http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf</a></p>	<p><b>2</b></p> <p><b>Complete and Submit the Form</b></p> <p>You may submit the form to us via email, mail or fax using the contact information in the front of this brochure.</p>	<p><b>3</b></p> <p><b>Get Your Vendor ID Number</b></p> <p>Once we process your form, you'll receive the SFS Vendor ID number for your CSEA local.</p>
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## 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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<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>			\$	\$	\$	

<p><b>FOR APPROVAL</b> To be completed by the HR representative or designee</p> <p>I confirm the eligibility of the employees identified with this grant application.</p> <p>Print Name _____</p> <p>Job Title _____</p> <p>Phone Number _____</p> <p>Email _____</p> <p>Signature _____ Date _____</p>	<p><b>FOR REIMBURSEMENT (AFTER APPROVAL)</b> To be completed by the Project Coordinator</p> <p>I confirm the attendance/receipt of awards for the employees identified with this form.</p> <p>Print Name _____</p> <p>Job Title _____</p> <p>Phone Number _____</p> <p>Email _____</p> <p>Signature _____ Date _____</p>
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## EXTRA PAGES FOR PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

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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>	\$	\$	\$	



# NYS & CSEA Partnership

## 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.

[www.nyscseapartnership.org](http://www.nyscseapartnership.org)



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@NYSCSEA