

## 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		
NY State Police		
Facility		
NY State Police Headquarters		
CSEA Region		
4		
CSEA Local Number		
0697		
Grant Category (select one)		
<input type="checkbox"/> Break/Lunchroom Improvement		
<input checked="" type="checkbox"/> Employee Recognition   Anticipated Event Date 09/13/24		
<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	8	
ISU	3	
OSU	14	
DMNA	0	
	<b>Total</b>	25

**PART A - APPLICANT INFORMATION CONTINUED****Project Coordinator (select one)**

<input type="checkbox"/> Management Representative	<input type="checkbox"/> CSEA Local President	<input checked="" type="checkbox"/> Other
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**Name**

Donna Dutton

**Title**

Executive VP

**Phone**

518-444-9999

**Email**

ddbb@aol.com


**Agency**

NYSP

**Address**

1220 Washington Ave, Bldg. 22 Albany, NY 12226

## PART A - APPLICANT INFORMATION CONTINUED

Labor-Management Contact Information	
<b>Management Representative</b> <i>(Refer to Key Requirements and Definitions Section page 4)</i>	<b>CSEA Local President</b> <i>(Refer to Key Requirements and Definitions Section page 4)</i>
<b>Name</b>	<b>Name</b>
Mary Jane	Lisa Partel
<b>Title</b>	<b>CSEA Local Number</b>
Captain	0697
<b>Address</b>	<b>Address</b>
1220 Washington Ave	1220 Washington Ave
Bldg 22	Bldg 22
Albany, NY 12226	Albany, NY 12226
<b>Phone</b>	<b>Phone</b>
(518) 858-9658	(518) 758-8574
<b>Email</b>	<b>Email</b>
mary.jane@troopers.ny.gov	lisa.partel@troopers.ny.gov
<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"> <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>	<b>CSEA Local President Signature</b>
	
<b>Date</b> 04/12/24	<b>Date</b> 04/12/24

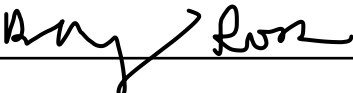


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*It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, 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	
Betsy Ross	
Title	
Chief Finance Officer	
Address	
1220 Washington Ave Bldg 22, Albany, NY 12206	
Phone	Fax
518-444-0202	n/a
Email	
betsy.ross@troopers.ny.gov	
Signature of Agency Fiscal or Procurement Staff	
	Date 04/12/24



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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.

This grant will allow awards to be purchased to show appreciation for years of excellent work and service of CSEA members to the NYS Police. It is hard to find dedicated skilled employees and those being honored have gone above and beyond during their years here at NYSP.

### 2. Needs Assessment Process

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

NYS Police and CSEA leadership met to discuss the outstanding dedication of CSEA employees with many years of service to the NYS Police.

### 3. Project Benefits

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

An Employee Recognition event will be held on September 13 to honor these employees and distribute the awards.

## 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>	
Reese Derby	ISU	10 Yrs-Glasses	\$ 16.99	\$	\$ 16.99	
Jackson Colton	ISU	10 Yrs-Glasses	\$ 16.99	\$	\$ 16.99	
Patty Cakes	ISU	5 Yrs-Name Plate	\$ 29.99	\$	\$ 29.99	
Dr. Seuss	ASU	5 Yrs-Name Plate	\$ 29.99	\$	\$ 29.99	
Bing Boyd	OSU	5 Yrs-Name Plate	\$ 29.99	\$	\$ 29.99	
Mike Matthews	OSU	5 Yrs-Name Plate	\$ 29.99	\$	\$ 29.99	
Sandy Jegga	OSU	5 Yrs-Name Plate	\$ 29.99	\$	\$ 29.99	
Donald Duck	OSU	5 Yrs-Name Plate	\$ 29.99	\$	\$ 29.99	
Super Man	OSU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Mickey Mouse	OSU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
<b>SUBTOTAL</b>			\$ 293.82	\$ 0	\$ 293.82	
<b>Shipping</b>			\$ 17.32	\$	\$ 17.32	
<b>Disposal or Removal Fee</b>			\$	\$	\$ 0	
<b>Other</b> (example - logo set up fee, credit card fee, etc.)			\$ 14.87	\$	\$ 14.87	
<b>Other</b>			\$	\$	\$ 0	
<b>Other</b>			\$	\$	\$ 0	
<b>TOTAL GRANT REQUEST FOR THIS PAGE</b>			\$ 326.01	\$ 0	\$ 326.01	

#### 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 Darcy Jean

Job Title Human Resource Director

Phone Number 518-455-5111

Email darcy.jean@troopers.ny.gov

Signature  Date 04/15/20

#### 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 \_\_\_\_\_

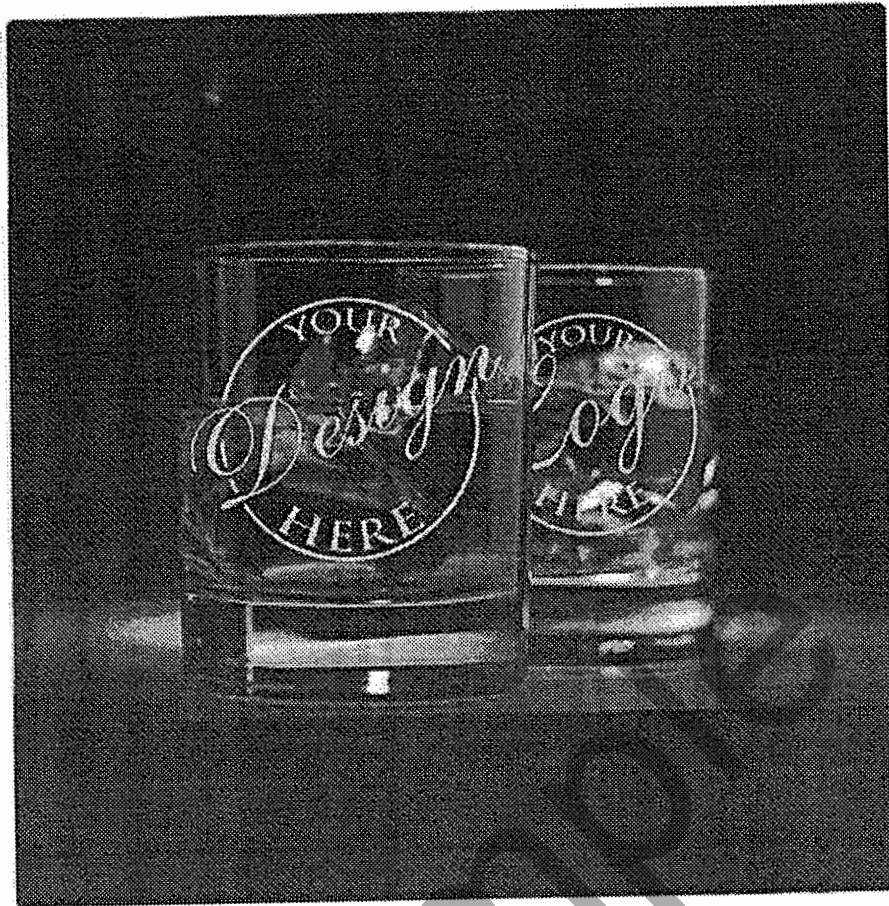
Signature \_\_\_\_\_ Date \_\_\_\_\_

Partnership Use Only: Grant Number \_\_\_\_\_

## PART D2 SECTION 1 – 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)
Sal Saprano	ASU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Lidiaa Miles	OSU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Patrick McKenna	ASU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Rand Kelly	ASU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Betty Loopy	OSU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Frank Kazzo	OSU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Robert Bonnai	ASU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Tammy Hess	OSU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
Dale Sayres	OSU	30 Yrs-Deck Clock	\$ 49.99	\$	\$ 49.99	
Michael Meyers	ASU	35 Yrs-Speaker	\$ 66.95	\$	\$ 66.95	
Marie Smith	OSU	35 Yrs-Speaker	\$ 66.95	\$	\$ 66.95	
Katy Johnson	ASU	35 Yrs-Speaker	\$ 66.95	\$	\$ 66.95	
Cathy Coat	OSU	35 Yrs-Speaker	\$ 66.95	\$	\$ 66.95	
Mary Bond	OSU	35 Yrs-Speaker	\$ 66.95	\$	\$ 66.95	
Scott Abbott	ASU	35 Yrs-Speaker	\$ 66.95	\$	\$ 66.95	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
			\$	\$	\$ 0.00	
SUBTOTAL			\$ 771.29	\$ 0.00	\$ 771.29	
TOTAL GRANT REQUEST w/ previous pages added					\$ 1,097.30	



10 yrs.  
\$16.99  
x 2

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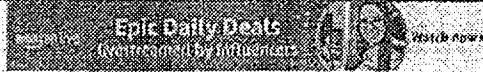
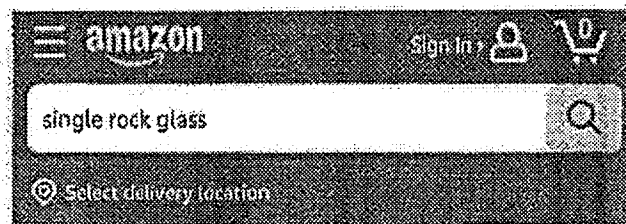
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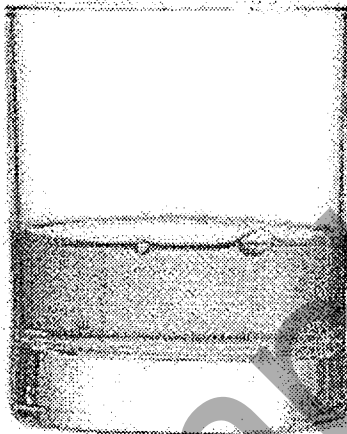
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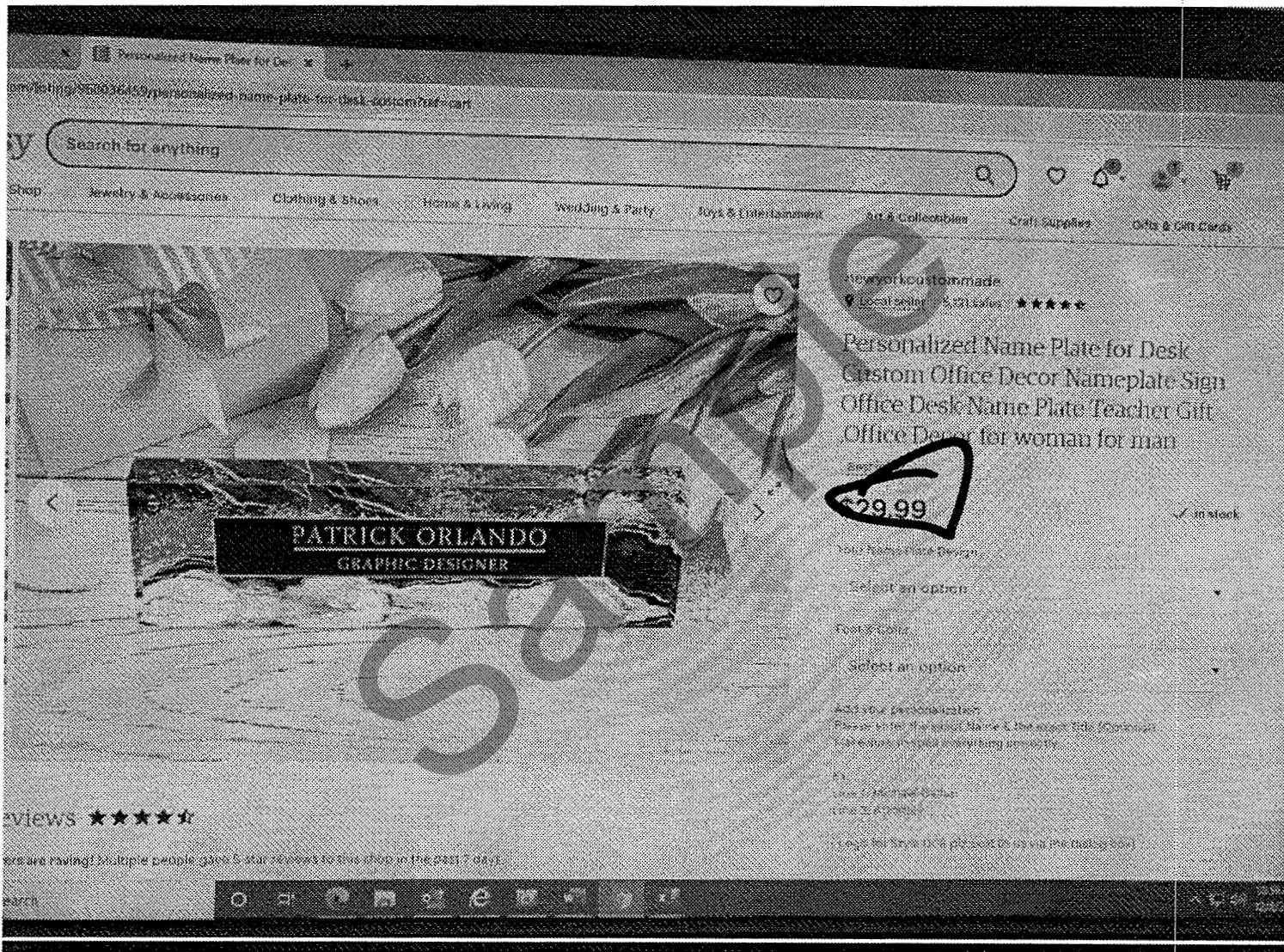
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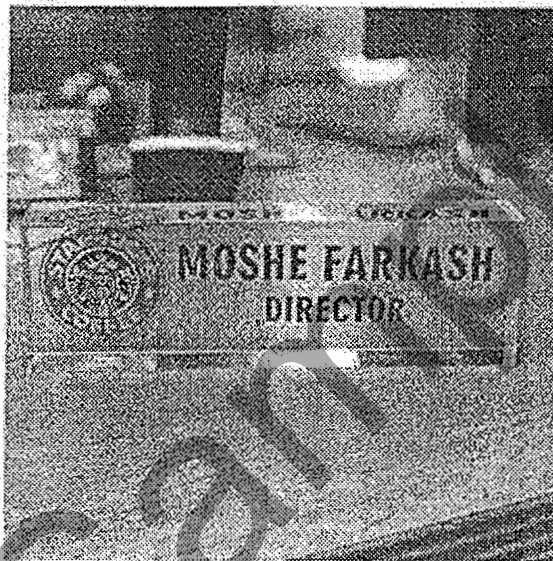
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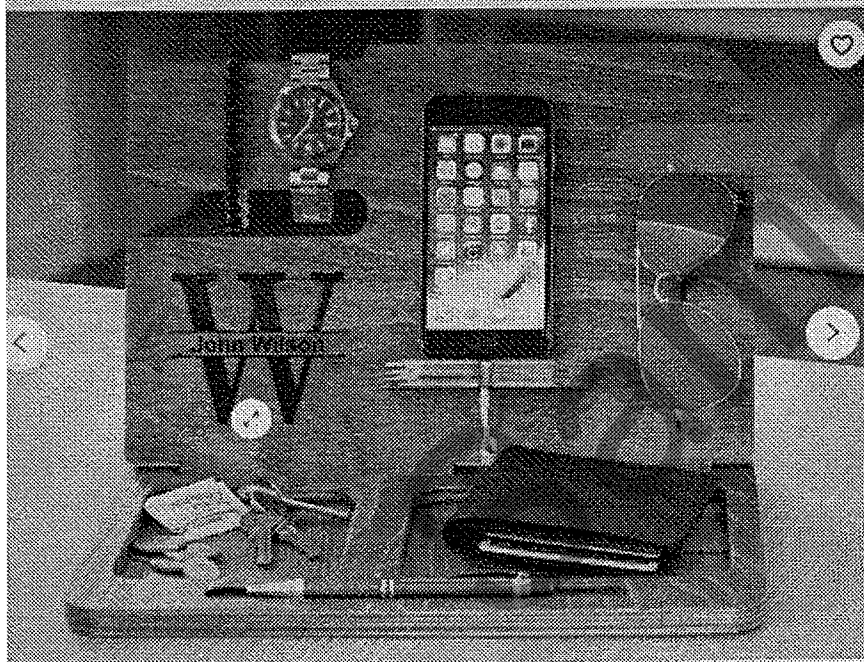
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Product Price

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✓ In Stock

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Add your personalization

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370



11:01 12/25

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Custom Monogram Gifts for Men,  
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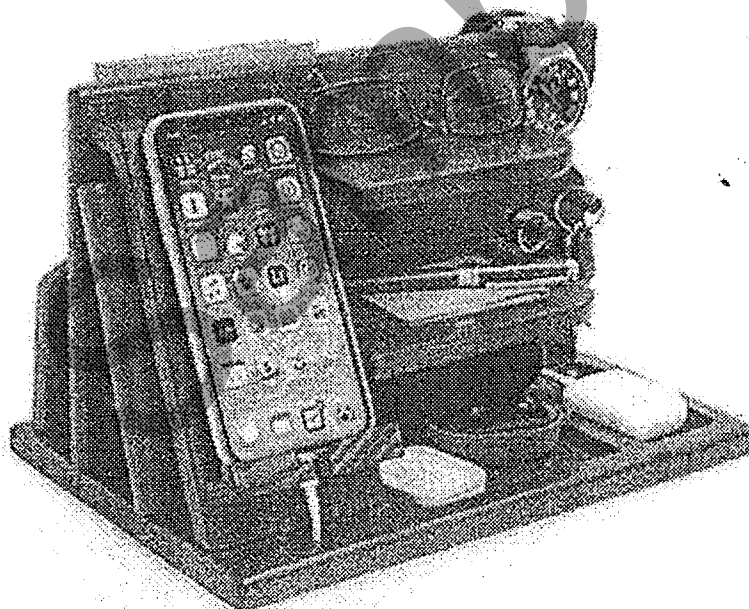
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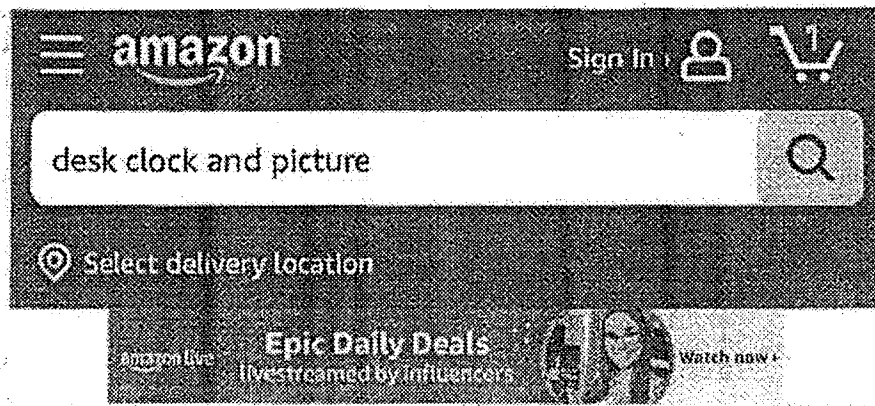


\$54<sup>80</sup>

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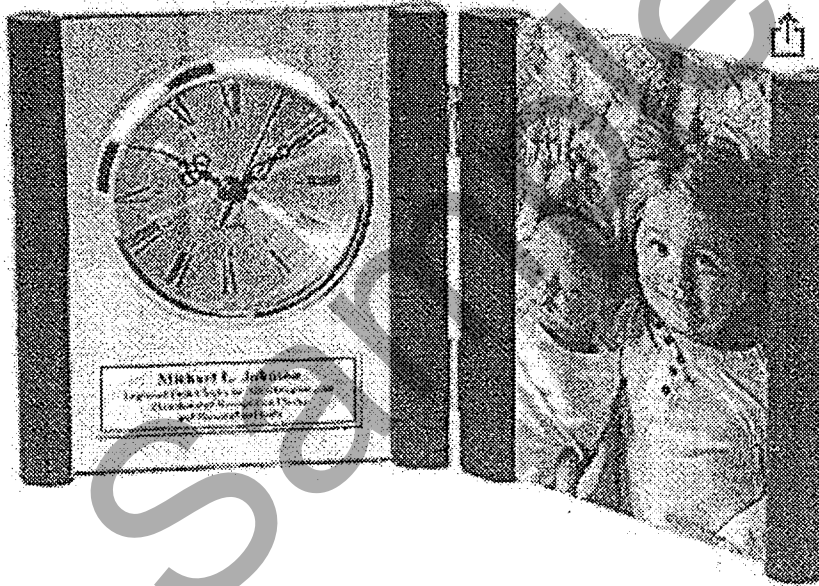




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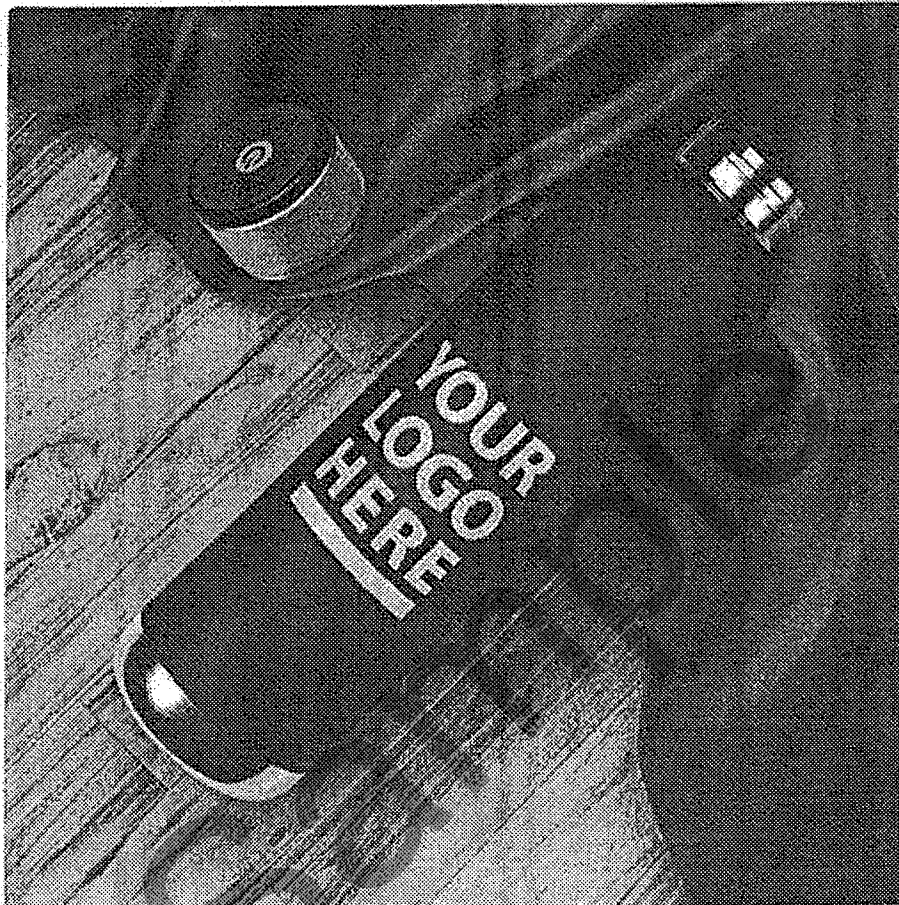
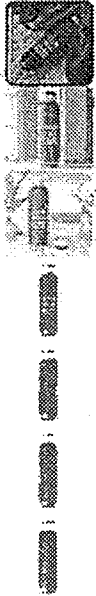
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Anniversary





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Brand: Wyld Things  
Wyld Things 750ML Vacuum Insulated Sports Bottle with Rechargeable Bluetooth Speaker




Color:  
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\$4.49 delivery: Dec 13 - 29

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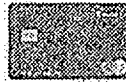
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2/3" x 1-3/4", Easy Peel, Inkjet, 800 Labels,  
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Subtotal (1 item)

\$8.88

Below order minimum (less than \$35)

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Taxes

Calculated at checkout

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NEW YORK STATE POLICE

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