

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		CSEA Local Number	
4		0697	
Grant Category (select one)		Number of CSEA-represented employees in each bargaining unit	
<input type="checkbox"/> Break/Lunchroom Improvement		ASU	14
<input checked="" type="checkbox"/> Employee Recognition Event Date: 9/13/23		ISU	2
<input type="checkbox"/> Special Projects		OSU	8
<input type="checkbox"/> Wellness and Health Education		DMNA	0
<input type="checkbox"/> Working Conditions		Non-CSEA	0
		Total	24
Project Coordinator (select one)			
<input type="checkbox"/> Management Representative		<input type="checkbox"/> CSEA Local President	
<input checked="" type="checkbox"/> Other			
Name	Donna Dutton	Address	
Title	Executive VP	1220 Washington Ave, Bldg. 22	
Phone	(518) 444-9999	Albany, NY 12226	
Fax			
Email	dabb@aol.com		

PART A - APPLICANT INFORMATION

Labor-Management Contact Information	
Management Representative <i>(Must be HR or personnel director, training director, facility director, or equivalent)</i>	CSEA Local President
Name	Name
Mary Jane	Lisa Partel
Title	CSEA Local Number
Captain	0697
Address	Address
1220 Washington Ave	1220 Washington Ave
Bldg 22	Bldg 22
Albany, NY 12226	Albany, NY 12226
Phone	Phone
(518) 444-0101	(518) 444-9988
Email	Email
mary.jane@troopers.ny.gov	lisa.partel@troopers.ny.gov
By signing and submitting this application, the management representative and the CSEA Local President noted above certify that: <ol style="list-style-type: none"> All information contained in this application is accurate and complete. The assessment and development of this grant request has been a joint collaboration. 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
<i>Mary Jane</i>	<i>Lisa Partel</i>
Date	Date



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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 – 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.

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

Describe the process undertaken 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. More Information *(optional)*

Share more information you would like to be considered in reviewing this grant.

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

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.	
<input type="checkbox"/> Agency Purchase	<input checked="" type="checkbox"/> CSEA Local Purchase
For CSEA Local Purchases Only: Enter the CSEA Local 10-digit Statewide Financial System Vendor ID Number: 1234567890 <i>This number is required for reimbursement.</i>	
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	
Betsy Ross	
Title	
CSEA Local Treasurer	
Address	
1220 Washington Ave Bldg 22, Albany, NY 12206	
Phone	Fax
(518) 444-0202	(518) 444-4444
Email	
betsy.ross@troopers.ny.gov	
Signature of Agency Fiscal Officer OR CSEA Local Treasurer	
<i>Betsy Ross</i>	Date 05/11/23



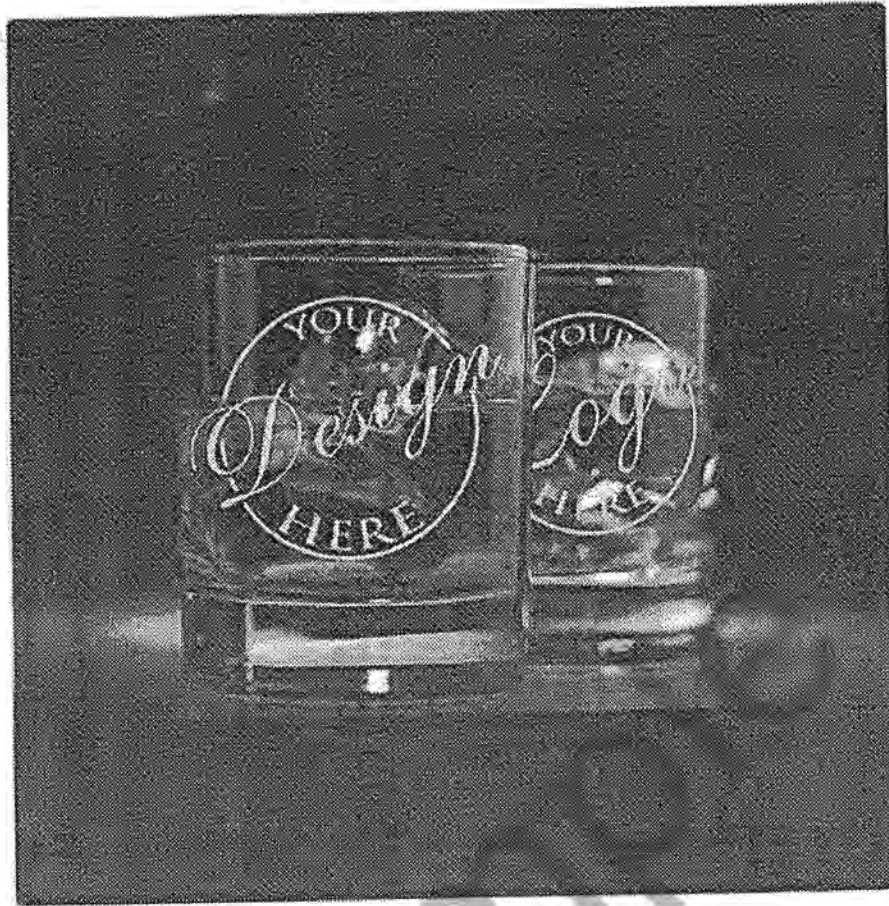
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PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

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>
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	ASU	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	
Sal Saprano	ASU	20 Yrs-Docking St	\$ 39.95	\$	\$ 39.95	
SUBTOTAL			\$ 333.77	\$ 0.00	\$ 333.77	
Shipping			\$ 17.32	\$	\$ 17.32	
FOR CSEA LOCALS ONLY - Sales Tax			\$ 92.72	\$	\$ 92.72	
Other <small>(example - logo set up fee, delivery, etc.)</small>			\$ 14.87	\$	\$ 14.87	
Other			\$	\$	\$ 0.00	
Other			\$	\$	\$ 0.00	
TOTAL GRANT REQUEST			\$ 458.68	\$ 0.00	\$ 458.68	

<p>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.</p> <p><input checked="" type="checkbox"/> I confirm the eligibility of the employees identified with this grant application.</p> <p>Print Name <u>Darcy Jean</u></p> <p>Job Title <u>Human Resources Director</u></p> <p>Phone Number <u>518-455-5111</u></p> <p>Email <u>darcy.jean@troopers.ny.gov</u></p> <p>Signature <u>Darcy Jean</u> Date <u>5/11/23</u></p>	<p>FOR REIMBURSEMENT (AFTER APPROVAL) To be completed by the Project Coordinator</p> <p><input checked="" type="checkbox"/> 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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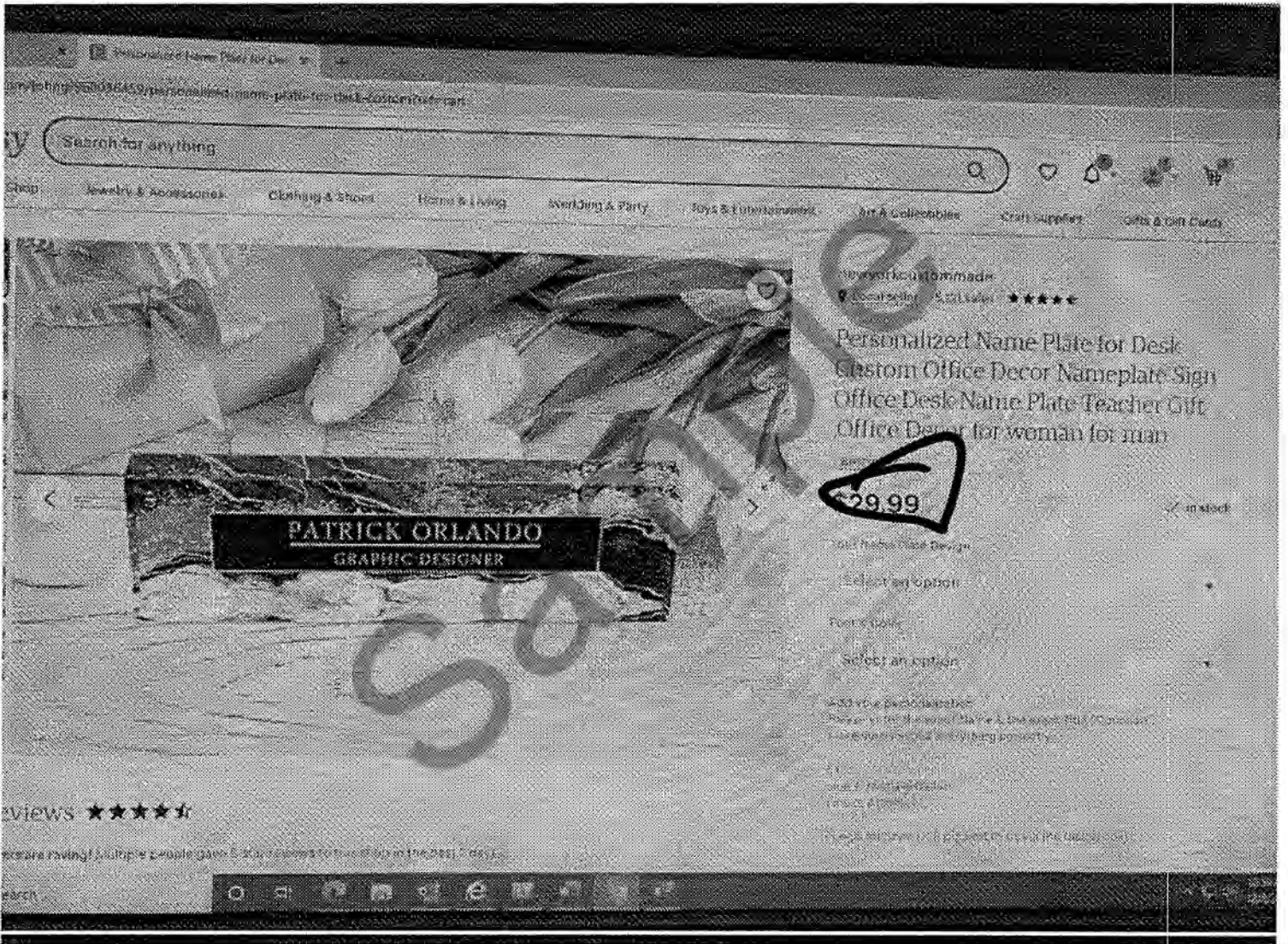
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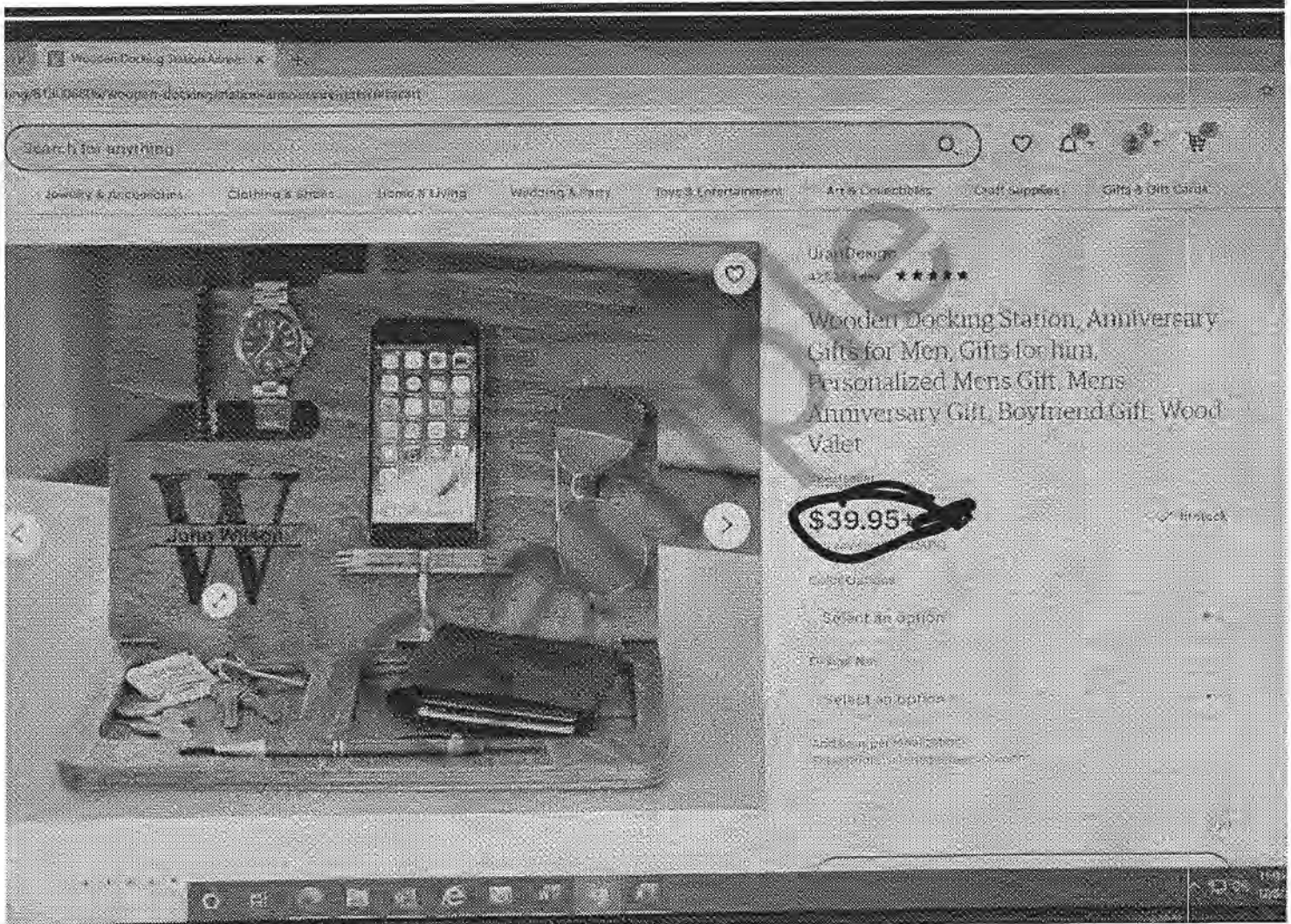
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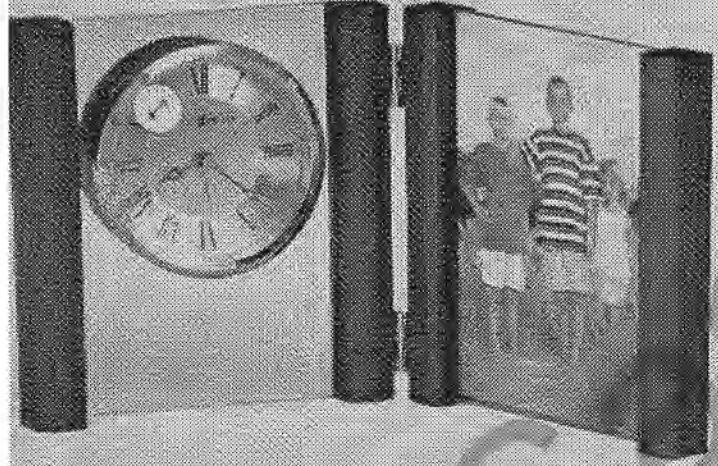


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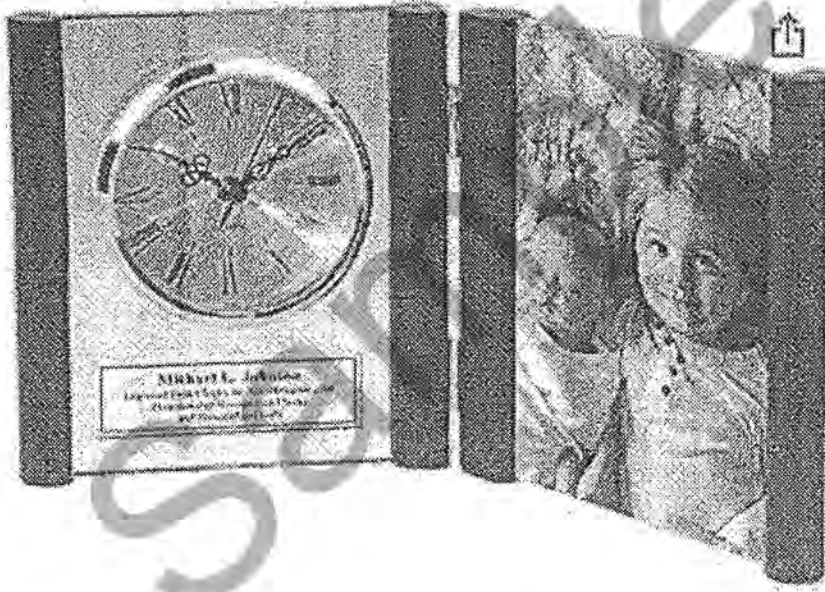
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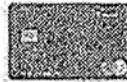
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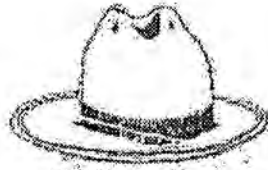
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CSEA 

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