

QUALITY OF WORK LIFE GRANTS PROGRAM

GUIDELINES AND APPLICATION



ADDRESS WORKPLACE NEEDS

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

Apply for Grant Funding

Build a Better Workplace for Employees



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 with any questions you may have. They can support and guide 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! Field associates cannot complete an application on your behalf. However, they will offer guidance and support as you get started.

FIELD ASSOCIATES

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KEY REQUIREMENTS AND DEFINITIONS

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. <i>They do not have to be a state manager.</i> 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.
Agency Fiscal or Procurement Staff	This person will oversee or delegate the procurement and reimbursement processes and SFS activity. This could be someone in a procurement or fiscal title or an administrative or clerical title.
Management	Someone who can speak on behalf of, and obligate the State, the agency and facility or location.
CSEA Leaders	The CSEA Local President, except in instances where the President is on any extended leave, the Executive Vice President would be allowed to sign, or if the CSEA Local is an administrativeship, the Regional President can sign.

ELIGIBLE PROJECTS

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

Per Executive Order 22, applicants are encouraged to purchase Energy Star appliances (most notably refrigerators and air conditioners) whenever possible.

INELIGIBLE PROJECTS

The Partnership makes all decisions related to grant funding. Our primary responsibility is to ensure that the grants are used in an appropriate and responsible manner. However, there are certain items which cannot be covered by grant funding such as lockers and water coolers. Therefore, we reserve the right to reject any project or item that we consider ineligible for grant funding.

Please note that the following items are ineligible for grant funding:



- Air purifiers or air humidifiers.
- Capital improvements (*for example – lockers, cabinets, stoves, ranges, central air*).
- Cash or cash equivalent awards (*for example – gift cards, savings bonds*).
- Dishwasher, hot plate or induction cook top.
- Entertainment items/equipment (*for example – televisions, radios, movies, DVD players*).
- Food or beverages for the worksite, including water coolers.
- Gas grills or smoke ventilators.
- Ongoing projects or recertification courses, exercise equipment, health club memberships, smoking cessation programs, and weight loss classes.
- Replacement microwaves, refrigerators, and any commercial-grade appliances purchased with Quality of Work Life grants within the last four years.

Limitations

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 cubic feet	Up to 5 cubic feet max
5-10	Household grade with one burner or single-service (for example, Keurig, Nespresso, etc.)	One microwave no larger than 2 cubic feet	Up to 11 cubic feet max
11-20	Commercial grade with up to three burners	One microwave no larger than 2 cubic feet	Up to 16 cubic feet max
21-30	Commercial grade with up to three burners	One microwave no larger than 2 cubic feet	Up to 19 cubic feet max
31+	Commercial grade with up to three burners	Up to two microwaves no larger than 2 cubic feet	Up to 21 cubic feet max

EMPLOYEE RECOGNITION AWARD LIMITATIONS	
<p>You may apply for both awards and meals. There are limitations on cost based on the award and/or meal type, per person. You will not receive any amount of reimbursements exceeding the below maximum allowable cost per person.</p>	
Award Type, Maximum \$ Per Person <ul style="list-style-type: none"> • Special Achievement, \$35 • 10 Years of Service, \$35 • 15 Years of Service, \$40 • 20 Years of Service, \$45 • 25 Years of Service, \$50 • 30 Years of Service, \$60 • 35+ Years of Service, \$75 	Meal Type, Maximum \$ Per Person <ul style="list-style-type: none"> • Breakfast, \$8 • Lunch, \$15 • Dinner, \$30

Please also be aware of the following:

- All staff awards are at the discretion of the Partnership. We cannot approve meals for holiday parties and membership meetings.
- 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. *(Optional)*

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.
 - ✓ **Part B – Purchasing Information:** Identify the entity that will make the purchase—an agency, along with the appropriate contact information and signature. The agency fiscal officer or procurement staff is instrumental in providing the required forms and documentation for reimbursement.
 - ✓ **Part C – Project Narrative:** Explain the full scope of the project. Answer all questions and fields.
 - ✓ **Worksheet/Price Quotes:** Complete the appropriate worksheet based on your selected grant category. Be sure to adhere to the grant guidelines, including any category limitations.
 - For each item \$499 or less - Submit two different vendor price quotes.
 - For each item \$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.
 - Enter the lowest quote in the budget worksheet. The amounts listed in the worksheet must match the supporting vendor price quotes. Be sure to include any delivery, set-up, or removal fees.
 - Be sure the vendor's name is clearly visible on all price quotes.
 - NYS agencies are tax-exempt. Therefore, do not include sales tax.
 - Calculate the worksheet totals, verify accuracy, and match the project narrative and any other supporting materials (price quotes).
 - Per Executive Order 22, applicants are encouraged to purchase Energy Star appliances (most notably refrigerators and air conditioners) whenever possible.
 - ✓ **Part D1 – Project Budget Worksheet: For Break/Lunchroom, Wellness and Health Education, Working Conditions and Special Projects.** Enter a description appropriate for the grant category, and complete all other columns, as relevant.
 - ✓ **Part D2 – Participant/Awardee List: Only for Employee Recognition.** Complete and submit when you apply and again after grant approval following delivery of the award or meal to fulfill part of the reimbursement process.
 - ✓ **Attachments:** Provide all relevant supplemental information. For example – award proofs, consultant resumes, vendor price quotes, removal fees, and single source justification.
-  **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. Return the completed application and attachments to the field associate for your CSEA region.

TIMELINE



It generally takes three 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. **Two Weeks** – If anything is missing from your application, you will hear from us.
- 3. **Three Weeks** – The state management representative and CSEA Local President will receive a written decision.

PURCHASE

	Do not buy anything before 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 then 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, Procurement Card statement, or copy of Purchase Order, including screenshot showing proof of payment, and bank statements.

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

AGENCY/FACILITY RESPONSIBILITIES

EQUIPMENT INVENTORY	SECURITY AND MAINTENANCE
An inventory tag must remain on all grant-purchased equipment.	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.

PROJECT COMPLETION

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



Required Documents

- Reimbursement request form
- Proof of purchase (*receipts, invoices*).
- Proof of payment (*procurement card statement or copy of Purchase Order and screenshot of payment*).
- For Employee Recognition grants only, participant/awardee list.
- 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.

Reimbursement for approved project expenses will occur through a funding expense transfer process. This happens via a **General Ledger Journal Entry** in the Statewide Financial System (SFS), following NYS Finance Law and Office of the State Comptroller's rules and regulations. Agencies will need to coordinate with their agency staff who are able to enter SFS General Ledger Journals. Once entered, the required reimbursement documents listed above should be attached to the Journal. Once the journal is approved by the agency, it will automatically be routed to Office of Employee Relations for approval.

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 (select one)		
<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)		
<input type="checkbox"/> Management Representative	<input type="checkbox"/> CSEA Local President	<input type="checkbox"/> 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	



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.

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 D1 – PROJECT BUDGET WORKSHEET

Use this worksheet for break/lunchroom improvement, wellness and health education, working conditions, and special projects. Enter a description appropriate for the grant category, and complete all other columns, as relevant. Please submit additional information, such as vendor quotes, as relevant. Use the notes page or attach pages, if necessary.

ITEM DESCRIPTION	SIZE OF EQUIPMENT (if applicable)	LOCATION WHERE EQUIPMENT WILL BE STORED (if applicable)	RECIPIENTS (# of CSEA-represented NYS employees)	QUANTITY	COST PER ITEM	TOTAL COST
<i>Example: Refrigerator</i>	<i>20 cubic ft</i>	<i>Kenoza Lake</i>	<i>35</i>	<i>1</i>	<i>\$ 728.00</i>	<i>\$ 728.00</i>
					\$	\$
					\$	\$
					\$	\$
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					\$	\$
					\$	\$
SUBTOTAL						\$
 <p>Have Questions? Connect with the field associate for your CSEA region. We're here to help!</p>					Shipping	\$
					Disposal or Removal Fee	\$
					Other (set up, credit card fee, etc.)	\$
					Other	\$
					Other	\$
					TOTAL GRANT REQUEST	\$

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.

NAME OF Awardee <i>(Include eligible guests)</i>	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	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
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			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
PAGE SUBTOTAL			\$	\$	\$	\$	\$	\$	

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

[illegible]

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

[illegible]

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	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
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			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
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

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 _____

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 _____

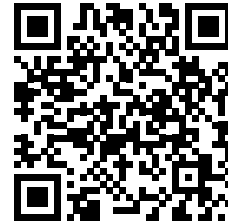
Signature _____ Date _____

Partnership Use Only: Grant Number _____

NYS & CSEA Partnership

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

www.nyscseapartnership.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.