

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 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! Field associates cannot complete an application on your behalf. However, they will offer guidance and support as you 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>Break/Lunchroom Improvement Make improvements at sites that lack sufficient space or nearby eateries.</p> | <i>Kitchen furniture, such as tables and chairs. Appliances, including coffee makers, toaster ovens, microwaves, and refrigerators.</i> |
|  | <p>Employee Recognition Develop or complement an existing employee recognition program for length of service, exceptional one-time performance, or outstanding achievement.</p> | <i>Plaques, clocks, certificates, pins, shirts, hats, and meals at recognition events.</i> |
|  | <p>Wellness and Health Education Help employees learn life-enhancing techniques.</p> | <i>Nutrition, stress management or health/fitness trainings/speakers. Heart disease prevention and control.</i> |
|  | <p>Working Conditions Improve the physical working conditions for employees.</p> | <i>Heaters, fans, portable air conditioners, and ice makers.</i> |
|  | <p>Special Projects Bring us your unique and innovative ideas for consideration.</p> | <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.
- Capital improvements (for example – lockers, cabinets, stoves, ranges, central air).
- Cash or cash equivalent awards (for example – gift cards, savings bonds).
- 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 | | | Up to 11 cubic feet max |
| 11-20 | Commercial grade with up to three burners | | Up to 16 cubic feet max |
| 21-30 | | | Up to 19 cubic feet max |
| 31+ | | Up to 21 cubic feet max | |
| | | Up to two microwaves no larger than 2 cubic feet | |

| 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>Award Type, Maximum \$ Per Person</p> <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 | <p>Meal Type, Maximum \$ Per Person</p> <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. <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.
- ✓ **Part B – Purchasing Information:** Identify the entity that will make the purchase—an agency or CSEA local, along with the appropriate contact information and signature. The agency fiscal officer or CSEA local treasurer 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 for an agency purchase. Only include sales tax for CSEA Local purchases.
 - 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 and, if approved, a copy of the appropriate reimbursement claim form.

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, 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.

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.

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

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) | | Number of CSEA-represented employees in each bargaining unit | |
| Break/Lunchroom Improvement | | ASU | |
| Employee Recognition Event Date(s) as applicable | | ISU | |
| Special Projects | | OSU | |
| Wellness and Health Education | | DMNA | |
| Working Conditions | | | |
| | | Total | |
| Project Coordinator (select one) | | | |
| Management Representative | | CSEA Local President | Other |
| Name | | | Address |
| Title | | | |
| Phone | | | |
| Email | | | |
| Agency | | | |

PART A - APPLICANT INFORMATION CONTINUED

| 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 |
| | |
| 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 - 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>For CSEA Local Purchases Only: 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. The name of the current local treasurer must be on file or you will have to file the necessary change form. | |
| Name | |
| | |
| Title | |
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| Address | |
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| Phone | Fax |
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| Email | |
| | |
| Signature of Agency Fiscal Officer OR CSEA Local Treasurer | |
| | Date |
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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.

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 <i>(if applicable)</i> | LOCATION WHERE EQUIPMENT WILL BE STORED <i>(if applicable)</i> | RECIPIENTS <i>(# of CSEA-represented NYS employees)</i> | 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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| | | | | | Other | \$ |
| | | | | | Other | \$ |
| | | | | | TOTAL GRANT REQUEST | \$ |



Have Questions?
Connect with the field associate for your CSEA region.
We're here to help!

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 TYPE | AWARD COST | MEAL COST | TOTAL COST | ATTENDANCE/ RECEIPT Y/N <i>(FOR AFTER APPROVAL)</i> |
|--|----------------------|-------------------------|----------------|-----------|----------------|--|
| <i>Example: Reese Derby</i> | <i>ISU</i> | <i>10 Yrs - glasses</i> | <i>\$16.99</i> | <i>\$</i> | <i>\$16.99</i> | |
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| Other (example - logo set up fee, delivery, etc.) | | | \$ | \$ | \$ | |
| Other | | | \$ | \$ | \$ | |
| Other | | | \$ | \$ | \$ | |
| TOTAL GRANT REQUEST | | | \$ | \$ | \$ | |

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| <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>FOR REIMBURSEMENT (AFTER APPROVAL) To be completed by the Project Coordinator</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>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> |

EXTRA PAGES FOR 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 TYPE | AWARD COST | MEAL COST | TOTAL COST | ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL) |
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EXTRA PAGES FOR PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

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

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NOTES

Lined area for notes, consisting of 22 horizontal lines.

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.