

SAFETY AND HEALTH GRANTS PROGRAM

GUIDELINES AND APPLICATION



Invest in Workplace
Safety and Health

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A Joint Invitation



The Safety and Health Grants Program provides NYS and CSEA labor-management representatives with an opportunity to receive up to \$50,000 to develop programs aimed at addressing needs in safety and health areas. Through collaboration and leadership, successful grant initiatives can help build trust and strengthen a willingness to work together on a day-to-day basis.

These guidelines explain how CSEA and management representatives in NYS agencies and facilities can apply for grant funding. Participation in this program can help increase the effectiveness of workplace safety and health initiatives, reduce employee illness and injury, and enhance knowledge and skills among the CSEA-represented NYS workforce.

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

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APPLY FOR UP TO \$50,000 IN GRANT FUNDING

Labor-management collaboration is one of the best ways to address workplace challenges.

Limited resources, though, can sometimes inhibit these efforts. That's why we offer grant funding to state agencies and facilities. Up to \$50,000 is available to improve workplace safety and health.

To be eligible, labor and management representatives must jointly develop and submit grant proposals. Follow the guidelines below to take full advantage of this opportunity.



BEFORE YOU APPLY

Contact Us – Planning a project of this scale takes time and effort. We're here to help! Call (518) 486-2936 or email SHgrants@nyscseapartnership.org to get started.

ELIGIBLE PROJECTS



Improve workplace safety and health programs.



Prevent work-related injuries and illnesses.



Reduce lost work time and workers' compensation costs.



Increase organizational effectiveness.



Enhance employee job skills and safety and health knowledge.






INELIGIBLE PROJECTS

Grant funding is **not** available to:

- Hire staff.
- Buy food or beverages.
- Supplement agency budgets for routine or mandatory safety and health training.
- Buy equipment unless it is for demonstration or training purposes.






KEY REQUIREMENTS

		
Joint Labor-Management Support	Project Coordinator	Agency Fiscal Officer
CSEA leaders and state management representatives must commit to work together through all phases of the grant project.	This individual fulfills all grant requirements on behalf of the agency/facility. This includes coordination, financial reporting, project implementation, and evaluation.	This individual is instrumental to the process. They provide the project coordinator with all required forms and documentation for reimbursement.

APPLY

Preference for grant awards will go to projects that are sustainable beyond the proposed initial project.

Strong applications will include:

	A detailed description of the project that documents the need. <i>For example, injury and illness data, workers' compensation costs, and hazards brought on by changes in policy or technology.</i>
	Agency and facility in-kind support for the project. <i>For example, release time and agency/facility resources.</i>
	A realistic plan and time frame for project implementation.
	Potential for other state agencies/facilities to address similar issues using all or part of the proposed project.
	Well-defined, measurable outcomes and a plan for evaluating progress toward achieving desired outcomes.

Grant-Writing Tips

Complete all required fields and answer all questions in Parts A, B, and C of the application.

- ✓ **Part A – Applicant Information:** Include signatures from labor and management representatives and the agency fiscal officer. Identify a project coordinator.
- ✓ **Part B – Project Narrative:** Explain the full scope of the project. Answer all questions and fields.
- ✓ **Part C – Project Budget Worksheet:** Include a description and total cost for each item. Verify calculations are correct and match the narrative.
- ✓ **Attachments:** Provide all relevant supplemental information. For example, consultant resumes, vendor quotes, single source justification, etc.

Return the completed application and attachments via your preferred method.

- Email SHgrants@nyscseapartnership.org
- Fax to (518) 486-1989
- Mail to NYS & CSEA Partnership for Education and Training, Corporate Plaza East – Suite 502, 240 Washington Avenue Ext., Albany, NY 12203



DECISION

It generally takes four weeks from the time of submission to receive a decision. *The following time frame is an estimate and is subject to change.*

Application Review Process

1. **Three Business Days** – You'll get an email confirming receipt of your application.
2. **One to Two Weeks** – If anything is missing from your application, you will hear from us.
3. **Four Weeks** – The management representative and CSEA Local President will receive a written decision. This will happen after the Statewide Safety and Health Co-Chairs review the application.

PURCHASE

	Do not buy anything before you get formal written approval.
	Get formal written approval and then make purchases.

Purchasing Procedures

- ✓ **Compliance** – Follow all state and agency purchasing practices, as always.
- ✓ **Changes** – Request any changes in writing. Wait for written approval; otherwise, purchases will not be reimbursable.
- ✓ **Documents** – Keep all invoices, original receipts, and proof of shipping/delivery.

PROJECT COMPLETION

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



Required Documents

- General Ledger Journal Entry (Form AC 22-S) with the agency fiscal officer's authorized signature
- Final invoice from the vendor
- Proof of payment (receipts, invoices)
- Proof of receipt of items (packing slips)
- Safety and Health Grant project evaluation
- Safety and Health Grant Program participant list (a sign-in sheet)
- Electronic or hard copy originals of all program curriculum, materials, and handouts
- Other documentation as agreed to by the Partnership and the agency/facility

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

REIMBURSEMENT

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.



The Partnership retains ownership of any curriculum, equipment, and training materials developed using grant funds.

PART A - APPLICANT INFORMATION

Instructions: Complete by hand or on the computer. Be sure to save the file to your PC or network. Left-click on each field and type your text. Print a copy to get signatures.

Grant Information		
Agency		
Facility		
Grant Project Title		
Job titles of employees targeted to benefit	Number of CSEA-represented employees in each bargaining unit who will benefit from this grant project	
	ASU	
	ISU	
	OSU	
	DMNA	
	Non-CSEA	
	Total	
Project Coordinator		
Name		Address
Title		
Phone		
Fax		
Email		

PART A - APPLICANT INFORMATION

Labor-Management Contact Information	
Management Representative (Must be HR or personnel director, training director, facility director, or equivalent)	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

The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of age, race, creed, color, national origin, sexual orientation, gender identity, military status, sex, disability, predisposing genetic characteristics, marital status, or domestic violence victim status in employment, admission, or access to its programs or activities. Reasonable accommodation will be provided on request. The State of New York is an Equal Opportunity Employer.

PART A - APPLICANT INFORMATION

Agency Fiscal Officer		
The agency fiscal officer is instrumental in providing the required forms and documentation for reimbursement.		
Name		
Title		
Address		
Phone	Fax	
Email		
Signature of Agency Fiscal Officer		
	Date	

PART B – PROJECT NARRATIVE

Instructions: Answer each section in detail. Attach additional sheets if necessary.
Be sure to include the section number and heading on each additional sheet.

1. Project Description

Describe, in detail, the full scope of the proposed grant project, including how it will benefit employees and the agency/facility. Include specific outcomes expected from the project.

2. Needs Assessment Process

Describe the process undertaken to determine the need for this grant proposal.

PART B – PROJECT NARRATIVE

3. Project Design and Implementation

Describe how the project was designed and how it will be implemented. Include any curriculum that will be developed as part of the project, the proposed delivery methods for the project (for example, online course, workshop, train-the-trainer), and what training resources or consultants will be needed for the project. Include an implementation timeline with milestones.

4. Recruitment and Selection of Participants

Describe how you will recruit and select participants, if applicable, and the labor-management process you will follow to do so.

PART B – PROJECT NARRATIVE

5. Project Evaluation

Describe the evaluation process for the project. What specific performance measures will you use to evaluate outcomes? Can all the expected outcomes be effectively measured? Who will prepare and review the evaluation report?

6. Implementation Support from Agency/Facility

Describe the steps your agency will take to reinforce this project in the workplace. How will your agency institutionalize curriculum and training programs developed using grant funds (if applicable)?

PART B – PROJECT NARRATIVE

7. Labor and Management Involvement

Describe labor and management involvement in the development and execution of this project.

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8. In-kind Support from Agency/Facility

Describe any in-kind contributions the agency/facility will provide for the project. Some examples include monetary or non-monetary contributions, training or meeting space, release time for participants, staff or agency resources to support the grant.

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PART B – PROJECT NARRATIVE

9. Potential for Use by Other Agencies/Facilities

Describe any potential you see for other state agencies using all or part of this project to address similar needs. *Some examples of things that could be used by other agencies/facilities include the project design process, materials, resources, and evaluation methods.*

10. Additional Information

Provide any more information you would like us to consider.

PART B – PROJECT NARRATIVE

Instructions: Provide an explanation to support the selection of the vendor(s) and the reasonableness of the price for each item. *Be sure to include any relevant attachments, including copies of vendor quotes.*

11.1 Personnel Expenses

Please include the name and resume of the consultant, number of days of service, cost per day, specifics about travel expenses, and why selected.

11.2 Materials Expenses

Include items such as workshop materials or printing. Specify quantities where appropriate.

PART B – PROJECT NARRATIVE

11.3 Facilities Expenses

Include items such as room rentals and AV equipment. Specify quantities where appropriate. **State agency/facility space should be used if available.**

11.4 Other Expenses

Specify items that do not fit into the above categories. Specify quantities where appropriate.

PART C – PROJECT BUDGET WORKSHEET

Instructions: Enter a description and cost for each line item. Calculate the subtotals and total grant fund request. Verify calculations are correct and match the narrative on pages 16-17.

Personnel		Materials	
Item	Cost	Item	Cost
Consultant Fees	\$	Workshop Materials	\$
Consultant Mileage	\$	Printing	\$
Consultant Lodging	\$	Other Materials (specify below)	
Consultant Meals (breakfast and dinner only)	\$		\$
Other Personnel (specify below)			\$
	\$		\$
	\$		\$
	\$		\$
A. Total Cost of Personnel	\$	A. Total Cost of Materials	\$
Agency/Facility Contribution	\$	Agency/Facility Contribution	\$
Other Support (specify below)		Other Support (specify below)	
	\$		\$
	\$		\$
B. Total Support for Personnel	\$	B. Total Support for Materials	\$
A (total cost) – B (total support) = Total Requested for Personnel	\$	A (total cost) – B (total support) = Total Requested for Materials	\$
Subtotal Requested for Personnel + Materials =			\$

PART C – PROJECT BUDGET WORKSHEET

Facilities		Other Expenses	
Item	Cost	Item	Cost
Room Rental	\$	Enter any expenses below that do not fit in the other categories.	
Equipment Rental	\$		\$
Other Facilities (specify below)			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
A. Total Cost of Facilities	\$	A. Total Cost of Expenses	\$
Agency/Facility Contribution	\$	Agency/Facility Contribution	\$
Other Support (specify below)		Other Support (specify below)	
	\$		\$
	\$		\$
B. Total Support for Facilities	\$	B. Total Support for Other Expenses	\$
A (total cost) – B (total support) = Total Requested for Facilities	\$	A (total cost) – B (total support) = Total Requested for Other Materials	\$
Subtotal Requested for Facilities + Other Expenses =		\$	
Total Grant Funds Requested <i>(Personnel + Materials + Facilities + Other Expenses) =</i>		\$	

NYS & CSEA Partnership

Achieve Workplace Goals With Grant Funding Three Available Grant Programs

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.

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