

NYS & CSEA Partnership

Guidelines and Application for
**Safety and Health
Grants Program**

(Rev. 10/17)

2017-2021

www.nyscseapartnership.org

A Joint Invitation

The Safety and Health Grants Program provides New York State and CSEA labor-management representatives with an opportunity to receive up to \$50,000 to develop programs aimed at addressing needs in the area of safety and health. 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 New York State 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 New York State workforce.

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

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Purpose

The Safety and Health Grants Program is designed to give CSEA leaders and management representatives the opportunity to work together to address specific safety and health needs and achieve the mutual goals of:

- Preventing work-related injuries and illnesses
- Reducing lost work time and workers' compensation costs
- Increasing organizational effectiveness
- Enhancing employee job skills

The program is **not** designed to:

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

Overview of Requirements

Joint Effort and Support

As described above, a Safety and Health grant requires the joint support and commitment of CSEA leaders and management representatives in all phases of the project from development to evaluation.

Project Coordinator

CSEA and management representatives must assign a Project Coordinator for the grant. The Project Coordinator will be responsible for fulfilling all requirements for the grant (for example, coordination with the Partnership, financial reporting, project implementation, and evaluation).

Funding

The maximum funding for a grant is \$50,000.

Training Curriculum Development

Training curriculum developed using grant funds must conform to the New York State Governor's Office of Employee Relations/Labor-Management Committee (GOER/LMC) Copyright Policy. In addition, the agency/facility must provide the Partnership with draft curriculum during the development process (initial design concept, draft, and final curriculum).

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

Training Course Delivery

Training course delivery must follow Partnership guidelines for use and submission of course materials and forms, including participant lists (sign-in sheets), participant evaluation forms, pre- and post-course assessments, and other documents outlined in the grant approval.

Application Review Process

When an application is received, the Program Associate for Safety and Health at the Partnership will contact the Project Coordinator within **three business days**.

All applications must be complete before they will be reviewed. A **complete application** includes:

- Part A – Applicant Information
- Part B – Project Narrative
- Part C – Project Budget Worksheet
- Part D – Budget Narrative
- Part E – Agency Fiscal Officer
- Three quotes from vendors for proposed purchases or sole source justification
- Signatures from labor and management representatives

If an application is incomplete, the Project Coordinator will be notified and they must provide the missing information and resubmit the application for Partnership review.

Initial Project Review

The Partnership will review the application using the **Review Criteria** outlined below and make an initial decision to send it on for final review or work with the Project Coordinator to make adjustments to the proposed project.

Final Review and Decision

Applications that pass initial review by the Partnership are forwarded to the Statewide Safety and Health Committee Co-Chairs for review and final decision. Project Coordinators will be notified of the final decision in writing.

Timeline

The Partnership and the Statewide Safety and Health Committee Co-Chairs review each application thoroughly and work with applicants to develop an effective project. This commitment to quality and support means that it may take several weeks to complete the process. It generally takes **approximately four weeks** from the time of submission to receive a decision.

Review Criteria

Complete grant applications include a Project Narrative, Project Budget Worksheet, Budget Narrative, and Agency Fiscal Officer. Below is an outline of the factors that will be considered when reviewing each section.

Project Narrative

The Project Narrative explains the proposed project in detail. Strong applications will include:

- Detailed description of the project and how the need for the grant was determined (for example, injury and illness data, workers' compensation costs, hazards brought on by changes in policy or technology)
- Potential for all or part of the proposed project to be used by other state agencies/facilities to address similar issues
- Well-defined, measurable outcomes and a plan for evaluating progress toward achieving desired outcomes
- Sustainability beyond proposed initial project timeline
- Realistic plan for implementing the project in a reasonable timeframe
- Likelihood of success in meeting the mutual goals of improving operational efficiencies and employee job skills

Note: Preference for grant awards will be given to projects that will be institutionalized beyond the proposed initial project and that teach skills to prepare employees for current or future workforce needs.

Project Budget Worksheet

The Project Budget Worksheet will be reviewed to ensure all calculations are correct and match what is outlined in the Budget Narrative.

Budget Narrative

The Budget Narrative includes a description and justification for each budget item. Strong applications will include:

- Agency and facility in-kind support for the project (for example, release time, staff support, additional agency/facility resources, etc.)
- Cost effective solutions to the needs identified in the Project Narrative
- Thorough explanation of how expenses align with the Project Narrative and desired outcomes

Agency Fiscal Officer

The Agency Fiscal Officer is instrumental in providing the required forms and documentation for reimbursement.

Purchasing Approved Items

The Safety and Health Grants Program is a reimbursement program. This means that after a grant is approved, items must be purchased by the agency/facility using agency funds. When the project is complete and the Partnership receives all required documents, the agency will then be reimbursed. See the **Project Completion and Reimbursement** section below for more details.

Making Purchases

Agencies/facilities can make purchases **after** they receive formal written approval from the Partnership. Purchases made before receiving written approval will not be reimbursed. Please note that all purchases made with grant funds are subject to the purchasing practices of New York State and individual agencies.

Accountability

Project Coordinators are accountable for all expenditures and are expected to work closely with their agency/facility Fiscal Officer to ensure they are following State and agency purchasing policies.

Documentation

Invoices, original receipts, and proof that goods or services were received (for example, packing slip, participant list, etc.) are **required** for an agency/facility to be reimbursed. Project Coordinators should work closely with their agency/facility purchasing office to ensure sufficient documentation is obtained to receive reimbursement.

Changes to an Approved Grant or Project Budget

Any changes to an approved grant or Project Budget **must** be requested in writing. The request will be reviewed and, if approved, the Partnership will provide written approval outlining the specific changes that are allowed. Any purchases made without written approval will not be reimbursed.

Project Completion and Reimbursement

The Project Coordinator should submit all required documents (listed below) to the Partnership **within 30 days** of project completion so that reimbursement can be made.

Method for Reimbursement

All reimbursements to an agency/facility will be made using a funding expense transfer process via a **General Ledger Journal Entry (Form AC 22-S)** and in accordance with the NYS Finance Law and Office of the State Comptroller's rules and regulations.

Required Documents

The Partnership must receive the following documents before an agency/facility can be reimbursed.

- General Ledger Journal Entry (Form AC 22-S) with Fiscal Officer's authorized signature
- Final invoice from vendor
- Proof of payment (receipts, invoice that shows payment was made)
- Proof of receipt of items (packing slip)
- Safety and Health Grants Project Evaluation
- Safety and Health Grants Program Participant List (sign-in sheet)
- Electronic or hard copy originals of all program curriculum, materials, and handouts developed for the grant
- Other documentation as agreed to by the Partnership and the agency/facility

If documents are missing or incomplete, Partnership staff will contact the Project Coordinator and work with them to submit what is needed. Please note, agencies/facilities that are unable to provide all of the required documents may have their grant withdrawn.

Questions

For additional information or to arrange a meeting to discuss your proposal, contact Blanca Gonzalez-Parker at blanca.gonzalez-parker@nyscseapartnership.org or (518) 486-2936.

Part A - Applicant Information

This is a fillable form and may be completed electronically. Once the form is open, left-click on the field to be completed, and type your text. Once the form is completed, please print and obtain the required signatures. You can save a copy of the completed form if filled out on your PC (without signatures) to a local drive on your PC or network. The form may also be printed blank and completed by hand.

Instructions: Type or print responses in the space provided and email the application to Blanca Gonzalez-Parker at blanca.gonzalez-parker@nyscseapartnership.org or fax to (518) 486-1989.

| 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 |
| | Total |
| Project Coordinator | |
| Name | Address |
| Title | |
| Phone | |
| Fax | |
| Email | |

| 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 | |
| | | | |
| <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"> 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 throughout the process. | | | |
| 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.

Instructions: Answer each question 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 project to be accomplished with the grant, including how it will benefit both the employees and agency/facility.

2. Needs Assessment Process

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

3. Desired Outcomes

Describe the specific outcomes expected from the project.

4. Project Design

Describe how the project was designed. 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.

5. Project Implementation

Describe your project implementation plan. Some examples include timeline with milestones and dates and progress reporting to the Partnership.

6. Recruitment and Selection of Participants

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

7. Project Evaluation

Describe how the project will be evaluated. What specific performance measures will be used to evaluate the outcomes in the workplace? Can all the expected outcomes be effectively measured? Who will prepare and review the evaluation report?

8. Implementation Support from Agency/Facility

Describe the actions and steps your agency will take to reinforce this project in the workplace to ensure the desired outcomes. If curriculum and training programs are developed with grant funds, how will the training be institutionalized in your agency?

9. Labor and Management Involvement

Describe how labor and management have been involved in the development of this project and how both will be involved throughout the project.

10. 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.

11. Potential for Use by Other Agencies/Facilities

Please 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.

12. Additional Information

Describe any additional information that you would like to be considered in reviewing this application.

Instructions: Type or print a list of all costs related to the grant project and any support the agency/facility will provide for each category. Additional sheets may be attached with category name at the top of each page.

| 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 | \$ |
| Page 1 Total = Total Requested for Personnel + Total Requested for Materials | | | \$ |

| Facilities | | Other Expenses | |
|----------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------|-----------|
| Item | Cost | Item | Cost |
| Room Rental | \$ | Enter any expenses that do not fit in the other categories below | |
| Equipment Rental | \$ | | \$ |
| Other Facilities (specify below) | | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| A. Total Cost of Facilities | \$ | A. Total Cost of Other 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 | \$ |

| | |
|----------------------------------------------------------------------------------|-----------|
| Page 2 Total = Total Requested for Facilities + Total Requested for Other | \$ |
|----------------------------------------------------------------------------------|-----------|

| | |
|------------------------------------------------------------------|-----------|
| Page 1 Total + Page 2 Total = Total Grant Funds Requested | \$ |
|------------------------------------------------------------------|-----------|

Instructions: Type or print in each section a description of **each line item** in the budget worksheet for that category. Be sure to:

- Identify the name of each item you are explaining.
- Specify the individual items that are included in the line item and why they are needed for the project.
- Explain how you determined the cost is reasonable. An example of this could be comparison of quotes.
- Describe the reason you chose the vendor for that item. Some examples of common reasons for choosing a vendor include lowest cost, best value, or the vendor is the only source for the item (i.e., sole source).
 - If the lowest cost option was not chosen, explain how you determined that the vendor you selected is the best value.
 - If a sole source was selected, explain the reason for selection.
- List of any attachments included in the narrative for that section (for example, consultant resumes, quotes, etc.).

1. Personnel Expenses

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

2. Materials Expenses

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

3. Facilities Expenses

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

4. Other Expenses

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

| Agency Fiscal Officer | |
|----------------------------------------------------------------------------------------------------------------|------------|
| The Agency Fiscal Officer is instrumental in providing the required forms and documentation for reimbursement. | |
| Name | |
| | |
| Title | |
| | |
| Address | |
| | |
| Phone | Fax |
| | |
| Email | |
| | |