NYS & CSEA Partnership

SAFETY & HEALTH GRANT PROGRAM

GUIDELINES AND APPLICATION



NYS & CSEA Partnership
for Education and Training
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INVEST IN WORKPLACE SAFETY & HEALTH

The Safety & Health Grant Program provides NYS and CSEA labor-management representatives with an opportunity to fund or develop training programs aimed at addressing needs in safety and health areas.

If the Partnership doesn't offer the course or training you need, you may apply for a Safety & Health Grant up to $50,000 to fund a project or specialized training.

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.

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

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CONTACT US

If you have questions, contact us. .We're here to help! We cannot complete an application on your behalf. However, we offer guidance and support throughout the process.



Safety & Health Services
(518) 486-2936
SHgrants@nyscseapartnership.org

KEY REQUIREMENTS AND DEFINITIONS

Project Coordinator	This individual fulfills all grant requirements on behalf of the agency/ facility and works closely with the agency fiscal officer. *They do not have to be a state manager.* This person can be anyone who is willing to take on the responsibility.
Management	Someone who can obligate and speak on behalf of the State, the agency, and facility or location.
CSEA Leaders	This is the CSEA Local President. In instances where the President is on any extended leave, the Executive Vice President would be allowed to sign. If the CSEA Local is an administrativeship, the Regional President can sign.
Agency Fiscal or Procurement Staff	This person will oversee or delegate the procurement, reimbursement processes, and SFS activity. This could be someone with a procurement/fiscal title or an administrative/clerical title.
Joint Labor/ Management Support	CSEA leaders and state management representatives must commit to work together through all phases of the grant project.
Exclusive Benefit	The project or training funded by the grant must be for the exclusive benefit of CSEA-represented NYS employees.

ELIGIBLE PROJECTS

You can apply for up to $50,000, each fiscal year, for projects that:

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.

Eligible examples include, but are not limited to:

- Asbestos Awareness Training,
- ARC Flash Training,
- Boiler Technical Training,
- Chainsaw and Logging Training,
- De-escalation Training: Verbal Judo,
- Electrical Workplace Safety Training: Low and High Voltage Qualified (including ARC Flash), and
- Interplay Learning Training: EH&S and Advancement Training.

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. Therefore, we reserve the right to reject any project or item that we consider ineligible for grant funding.

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.

PURCHASING PROCEDURES

Follow all state and agency purchasing practices, including:

- Do not buy anything before you get formal written approval.
- Request any changes in writing. Wait for written approval; otherwise, purchases will not be reimbursable.
- Purchases should never be made using a personal credit card.
- NYS agencies are tax-exempt. Therefore, do not include sales tax.
- Keep all invoices, original receipts, procurement card statements, and copies of purchase orders (including screenshots showing proof of payment).
- Failure to submit all necessary documentation may result in the grant being withdrawn.

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

TIMELINE

It generally takes four 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. **Four Weeks –** Once the Statewide Safety and Health Co-chairs review the application, the state management representative and CSEA Local President will receive a written decision.

REIMBURSEMENT

The Safety & Health Grant Program is a reimbursement program. Once a grant is approved, you will receive an approval letter that outlines all required documentation that must be submitted to us, and items or training can then be purchased by the agency/facility using agency funds. After the project is complete and the Partnership receives all required documents, the agency will then be reimbursed.

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.

HOW TO APPLY

Once you've discussed your grant proposal with us and reviewed the grant guidelines, the next step is to complete the application.

1. Start Your Safety & Health Grant Application.

Complete the fill-form PDF application by hand or complete the application on a computer (recommended).

If using a computer, be sure to save the file to your computer or network drive before completing it. 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.

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

Part A – Applicant Information: Identify a project coordinator. Include signatures from both the labor and management representative.

Part B – Purchasing Information: Identify who 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.

Part D – Project Budget Worksheet: Include a description and total cost for each item. Verify calculations are correct and match the narrative.

3. Submit the completed application with attachments to the Partnership Safety & Health Services.

Provide all relevant supplemental information. For example – consultant resumes, vendor quotes, single source justification, etc. Submit the completed application and attachments via email to: SHgrants@nyscseapartnership.org.

5. Wait for written approval; otherwise, purchases will not be reimbursable.

Once formal written approval is received, follow the instructions on the approval letter. The grant may be withdrawn if purchases are not completed, and the required documentation is not received 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.

PART A - APPLICANT INFORMATION

Identify a project coordinator and include signatures from labor and management representatives.

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		Phone	
Title		Email	
Address			

PART A - APPLICANT INFORMATION CONTINUED

Labor-Management Contact Information	
Management Representative Someone who can obligate and speak on behalf of the State, the agency, and facility or location.	**CSEA Local President** In instances where the President is on any extended leave, the Executive Vice President would be allowed to sign. If the CSEA Local is an administrativeship, the Regional President can sign.
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:

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.

PART B - AGENCY FISCAL OR PROCUREMENT STAFF

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		
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.

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 C – PROJECT NARRATIVE

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
Explain the process used to determine the need for this grant proposal.

PART C – PROJECT NARRATIVE CONTINUED

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 C – PROJECT NARRATIVE CONTINUED

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 C – PROJECT NARRATIVE CONTINUED

7. Labor and Management Involvement
Describe labor and management involvement in the development and execution of this project.

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.

PART C – PROJECT NARRATIVE CONTINUED

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 C – PROJECT NARRATIVE CONTINUED

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. Budget Narrative

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 C – PROJECT NARRATIVE CONTINUED

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 D – PROJECT BUDGET WORKSHEET

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

Materials	
Item	**Cost**
Workshop Materials	$
Printing	$
Other Materials (specify below)	
	$
	$
	$
	$
	$
A. Total Cost of Materials	$
Agency/Facility Contribution	$
Other Support (specify below)	
	$
	$
B. Total Support for Materials	**$**
A (total cost) – B (total support) = Total Requested for Materials	**$**

Subtotal Requested for Personnel + Materials =	**$**

PART D – PROJECT BUDGET WORKSHEET CONTINUED

Facilities	
Item	Cost
Room Rental	$
Equipment Rental	$
Other Facilities (specify below)	
	$
	$
	$
	$
	$
A. Total Cost of Facilities	$
Agency/Facility Contribution	$
Other Support (specify below)	
	$
	$
B. Total Support for Facilities	$
A (total cost) – B (total support) = Total Requested for Facilities	**$**

Other Expenses	
Item	Cost
Enter any expenses below that do not fit in the other categories.	
	$
	$
	$
	$
	$
	$
	$
A. Total Cost of Expenses	$
Agency/Facility Contribution	$
Other Support (specify below)	
	$
	$
B. Total Support for Other Expenses	$
A (total cost) – B (total support) = Total Requested for Other Materials	**$**

Subtotal Requested for Facilities + Other Expenses =	**$**
Total Grant Funds Requested *(Personnel + Materials + Facilities + Other Expenses)* =	**$**

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.