

# LABOR-MANAGEMENT WORKFORCE DEVELOPMENT GRANTS

## GUIDELINES AND APPLICATION

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**WORK TOGETHER TO ADDRESS  
UNIQUE AGENCY NEEDS**

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# A Joint Invitation

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The Labor-Management Workforce Development Grants Program provides NYS and CSEA labor-management representatives with an opportunity to receive up to \$30,000 to develop programs aimed at addressing unique workforce and organizational development challenges. 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 efficiency in the workplace, improve delivery of government services, 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 \$30,000 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 \$30,000 is available to address unique workforce and organizational development challenges.

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** – We're here to help! We cannot complete an application on your behalf. However, we offer guidance and support throughout the process.

#### Labor-Management Services





(518) 474-7764

[LMgrants@nyscseapartnership.org](mailto:LMgrants@nyscseapartnership.org)

## KEY REQUIREMENTS AND DEFINITIONS

<b>Joint Labor/ Management Support</b>	CSEA leaders and state management representatives must commit to work together through all phases of the grant project.
<b>Project Coordinator</b>	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.
<b>Exclusive Benefit</b>	The project or program funded by the grant must be for the exclusive benefit of CSEA-represented NYS employees.
<b>Agency Fiscal or Procurement Staff</b>	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.
<b>Management</b>	Someone who can speak on behalf of, and obligate the State, the agency and facility or location.
<b>CSEA Leaders</b>	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

			
Increase efficiency in the workplace.	Improve the delivery of government services.	Increase organizational effectiveness.	Enhance employee job skills.

## 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.

## APPLY

Preference for grant awards will go to projects that are sustainable beyond the proposed initial project. Submit the completed application and attachments via email: [LMgrants@nyscseapartnership.org](mailto:LMgrants@nyscseapartnership.org)

### Strong applications will include:

	A detailed description of the project that documents the need.
	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, C, and D of the application.

- ✓ **Part A – Applicant Information:** Identify a project coordinator and 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.
- ✓ **Part D – 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.

## 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** – The state management representative and CSEA Local President will receive a written decision.

## PURCHASE

	Do <b>not</b> buy anything <b>before</b> 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 <b>then</b> 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.



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

## 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).
- Labor and Management Workforce Development Grant project evaluation.
- Labor and Management Workforce Development 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.

## 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			
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	
		<b>Total</b>	
Project Coordinator			
Name		Phone	
Title		Email	
Address			

## PART A - APPLICANT INFORMATION CONTINUED

Labor-Management Contact Information			
<b>Management Representative</b> <i>(Refer to Key Requirements and Definitions Section page 4)</i>		<b>CSEA Local President</b> <i>(Refer to Key Requirements and Definitions Section page 4)</i>	
<b>Name</b>		<b>Name</b>	
<b>Title</b>		<b>CSEA Local Number</b>	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Email</b>		<b>Email</b>	
By signing and submitting this application, the management representative and the CSEA Local President noted above certify that: <ol style="list-style-type: none"> <li>All information contained in this application is accurate and complete.</li> <li>The assessment and development of this grant request has been a joint collaboration.</li> <li>The management representative and CSEA Local President will be involved in all aspects of project implementation and evaluation.</li> </ol>			
<b>Management Representative Signature</b>		<b>CSEA Local President Signature</b>	
<b>Date</b>		<b>Date</b>	



**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. 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 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?

### 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		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)			\$
	\$		\$
	\$		\$
	\$		\$
<b>A. Total Cost of Personnel</b>	\$	<b>A. Total Cost of Materials</b>	\$
Agency/Facility Contribution	\$	Agency/Facility Contribution	\$
Other Support (specify below)		Other Support (specify below)	
	\$		\$
	\$		\$
<b>B. Total Support for Personnel</b>	\$	<b>B. Total Support for Materials</b>	\$
<b>A (total cost) – B (total support) = Total Requested for Personnel</b>	\$	<b>A (total cost) – B (total support) = Total Requested for Materials</b>	\$
<b>Subtotal Requested for Personnel + Materials =</b>		<b>\$</b>	

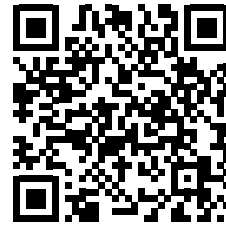
## PART D – PROJECT BUDGET WORKSHEET CONTINUED

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)			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>A. Total Cost of Facilities</b>	\$	<b>A. Total Cost of Expenses</b>	\$
Agency/Facility Contribution	\$	Agency/Facility Contribution	\$
Other Support (specify below)		Other Support (specify below)	
	\$		\$
	\$		\$
<b>B. Total Support for Facilities</b>	\$	<b>B. Total Support for Other Expenses</b>	\$
<b>A (total cost) – B (total support) = Total Requested for Facilities</b>	\$	<b>A (total cost) – B (total support) = Total Requested for Other Materials</b>	\$
<b>Subtotal Requested for Facilities + Other Expenses =</b>		\$	
<b>Total Grant Funds Requested</b> <i>(Personnel + Materials + Facilities + Other Expenses) =</i>		\$	

# NYS & CSEA Partnership

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

[www.nyscseapartnership.org](http://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.