

## 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			
DOCCS			
Facility			
Coxsackie			
CSEA Region		CSEA Local Number	
4		0162	
Grant Category (select one)		Number of CSEA-represented employees in each bargaining unit	
<input type="checkbox"/> Break/Lunchroom Improvement		ASU	10
<input type="checkbox"/> Employee Recognition   Event Date:		ISU	7
<input type="checkbox"/> Special Projects		OSU	11
<input type="checkbox"/> Wellness and Health Education		DMNA	0
<input checked="" type="checkbox"/> Working Conditions		Non-CSEA	0
		<b>Total</b>	28
Project Coordinator (select one)			
<input checked="" type="checkbox"/> Management Representative	<input type="checkbox"/> CSEA Local President	<input type="checkbox"/> Other	
Name	John Sullivan	Address	
Title	Superintendent	133 Lock Down Road Coxsackie, NY 12051	
Phone	(518) 555-0001		
Fax			
Email	john.sullivan@doccs.ny.gov		

## PART A - APPLICANT INFORMATION

Labor-Management Contact Information	
<b>Management Representative</b> <i>(Must be HR or personnel director, training director, facility director, or equivalent)</i>	CSEA Local President
<b>Name</b>	<b>Name</b>
John Sullivan	Julie Jones
<b>Title</b>	<b>CSEA Local Number</b>
Superintendent	0162
<b>Address</b>	<b>Address</b>
133 Lock Down Road	133 Lock Down Road
Coxsackie, NY 12051	Coxsackie, NY 12051
<b>Phone</b>	<b>Phone</b>
(518) 555-0001	(518) 555-0505
<b>Email</b>	<b>Email</b>
john.sullivan@doccs.ny.gov	julie.jones@doccs.ny.gov
<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"> <li>1. All information contained in this application is accurate and complete.</li> <li>2. The assessment and development of this grant request has been a joint collaboration.</li> <li>3. 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>
<i>John Sullivan</i>	<i>Julie Jones</i>
<b>Date</b> 05/01/23	<b>Date</b> 05/02/23



**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 – 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

Briefly describe the employee and organizational needs to be addressed by this grant proposal, including how you expect this project will benefit both your CSEA-represented NYS employees and your agency/facility.

Working in the correctional facility is hot and stressful. The ice machine will allow people to cool their drinks down during their hot work days.

### 2. Needs Assessment Process

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

Management representatives from CSEA Local 0162 and DOCCs met to survey the needs of the CSEA-represented NYS employees.

### 3. More Information *(optional)*

Share more information you would like to be considered in reviewing this grant.

We have not submitted a QWL grant in quite some time.

## PART C - 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.	
<input checked="" type="checkbox"/> Agency Purchase	<input type="checkbox"/> CSEA Local Purchase
<p><b>For CSEA Local Purchases Only:</b>                  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.	
Name	
Karen Finnegan	
Title	
Assistant Superintendent	
Address	
133 Lock Down Road, Coxsackie, NY 12051	
Phone	Fax
(518) 555-0620	(518) 555-0000
Email	
karen.finnegan@doccs.ny.gov	
Signature of Agency Fiscal Officer OR CSEA Local Treasurer	
<i>Karen Finnegan</i>	Date 05/03/23



**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 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 OF EQUIPMENT <i>(if applicable)</i>	RECIPIENTS <i>(# of CSEA-represented NYS employees)</i>	QUANTITY	COST PER ITEM	TOTAL COST	
Ice Machine	90 lbs	Entry breakroom	28	1	\$ 2579	\$ 2,579.00	
					\$	\$	
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<b>SUBTOTAL</b>						<b>\$ 2,579.00</b>	
 <p><b>Have Questions?</b> <b>Contact Us</b> – Connect with the field associate for your CSEA region. We're here to help!</p>						<b>Shipping</b>	\$ 0.00
						<b>FOR CSEA LOCALS ONLY Sales Tax</b>	\$ 0.00
						<b>Other</b> (set up, removal fee, etc.)	\$ 0.00
						<b>Other</b>	\$ 0.00
						<b>Other</b>	\$ 0.00
						<b>TOTAL GRANT REQUEST</b>	<b>\$ 2,579.00</b>

Hello Select your address All UDF0240A

Hello, sign in Account & Lists Returns & Orders 0

All Best Sellers Amazon Basics Today's Deals Customer Service Prime New Releases Music Get a jump on joy, shop gifts now

Industrial & Scientific Janitorial & Facilities Safety Supplies Medical Supplies Food Service Diagnostic Equipment Material Handling

Back to results



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Roll over image to zoom in

# Manitowoc UDF0240A NEO 26-Inch Air-Cooled Dice Undercounter Ice Machine with 90-Pound Bin, 115V, NSF

Brand: [Manitowoc](#) 7 ratings | 21 answered questions

\$2,579<sup>00</sup>

**Brand** Manitowoc  
**Capacity** 90 Pounds  
**Voltage** 115 Volts  
**Product Dimensions** 28"D x 26"W x 38.5"H

### About this item

- NEO undercounter ice machines are designed to provide ice right where you need it - within reach. Improvements in Performance, Intelligence and Convenience make your ice machine easy to own and less expensive to operate.
- Performance - NEO produces more ice than ever before while using less water and energy. The storage bin provides industry leading capacity.
- Intelligence - NEO provides feedback with full bin and service indicators. Delay function allows you to pause your machine for slow periods or days when you're closed.
- Convenience - NEO offers a forward-sliding storage bin for easy access to refrigeration components without having to move the entire ice machine. Smooth, sealed food-zone with removable water trough, distribution tube, and damper door for faster cleaning. AlphaSan added to key internal components.
- Available LuminIce Growth Inhibitor extends cleaning intervals by reducing yeast and bacteria growth keeping your ice machine cleaner, longer.

### Specifications for this item

Brand Name	Manitowoc
Capacity	90 pounds
Ean	0637690783946
Included Components	Ice Maker with Bin
Installation Type	Undercounter
Item Weight	0.010 ounces

\$2,579<sup>00</sup>

FREE delivery **October 25 - 27.** [Details](#)

[Select delivery location](#)

**Only 5 left in stock - order soon.**

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from [Shop ECR](#)  
 Sold by [Shop ECR](#)

Return policy: [Returnable until Jan 31, 2023](#)

Add to List

New (3) from **\$2,579.00 & FREE Shipping**

Have one to sell?

Sell on Amazon

Search 370,000+ products

**Search**

◀ Undercounter Ice Machines

**Manitowoc UDF0240A NEO 26" Air Cooled Undercounter Dice Cube Ice Machine with 90 lb. Bin - 115V, 220 lb.**

★★★★★ Item #: 499UDF0240AA MFR #: UDF0240A-161B



Free Shipping

# \$2,579.00/Each

or payments as low as **\$229.14/month** [Prequalify >](#)



## Contact us for details

Ships free with

### Start a Live Chat

(Mon - Thur: 5am - 12am EST)

Fri: 5am - 8pm EST

Sat & Sun: 9am - 4pm EST)

### What We Offer



#### Protect Your Product

Coverage starting at \$155.25 [?](#)

[Add Protection](#)

1	<b>Add to Cart</b>
---	--------------------



Earn up to **\$77.37 back** (7,737 points) with a [Webstaurant Rewards Visa® Credit Card](#)

[Wish List](#)

[Rapid Reorder](#)

### Other Available Ice Types:

Full Dice ✓

Half Dice

### Installation Services

Check if installation is currently available for your area. [? Enter ZIP Code >](#)

### Product Overview

- ✓ Makes up to 220 lb. of ice per day; stores up to 90 lb.
- ✓ Removable bin allows for easy access to clean refrigeration components
- ✓ Front air intake and exhaust
- ✓ Easy-access door slides up and out of the way
- ✓ 115V

UPC Code:

UDF0240A-161B



### Quick Shipping

Usually ships in **1 business day** [?](#)





**MANITOWOC**

**Ice Maker: Air, Dice Cube Type, 215 lb Ice Production per Day, 201 to 600 lb**

Item #458J88 My 458J88 NYS Part # #PC67235  
 Mfr. UDF0240A- UNSPSC #24131901  
 Model # 161 Catalog Page #3002

Country of Origin China. Country of Origin is subject to change.

Receive feedback with full bin and service indicators from this Manitowoc NEO® ice maker to help you manage [View More](#) ✓

Your Price **\$4,455.26** / each

This item requires special shipping, additional charges may apply.

Qty  [Add to Cart](#)

Add Extended Protection Plan for **\$1,644.74** / each [Plan Details & Exclusions](#)

Setup Auto Reorder

Ship  Pickup

Ships from supplier. Expected to arrive by end of Dec, 2022.

Ship to 13669 | [Change](#)

Shipping Weight 158 lbs [Ship Availability Terms](#)

[Add to List](#)

**Technical Specs**

Item	Ice Maker	Water Supply Connection Type	3/8 in FPT
Condenser Cooling	Air	Refrigerant Type	R-404a
Cube Type	Dice	Voltage	115-120 V
Ice Production per Day	215 lb	Color	Silver
Storage Capacity	90 lb	Control Type	Not a Dispenser
Overall Height	38 1/2 in	Cord Length	6 ft
Overall Width	26 in	Current	7 A
Overall Depth	28 1/2 in	Drain Type	1/2 in FPT Ice Bin Drain
Antimicrobial	No		
Energy Star Compliant	No		
Ice Machine Style	Undercounter		