2026-2027 QUALITY OF WORK LIFE GRANTS APPLICATION

NYS & CSEA Partnership
(800) 253-4332
www.nyscseapartnership.org

HOW TO APPLY

Once you've reviewed the Quality of Work Life (QWL) Grant Guidelines , the next step is to complete the Application.

1. Start Your QWL 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. View the QWL Grant Tips for file handling and price quote attachment guidance.

Go to our QWL Grant Resources webpage to view the QWL webinar, application examples, and frequently asked questions to help guide you in the application process. Reach out to your Regional Field Associate for additional support.

2. Complete Part A – Part C.

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

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.

3. Next, complete Part D1 or D2 based on your selected grant category.

Be sure to adhere to the Category Limitations and Purchasing Procedures outlined in the QWL Grant Guidelines. Verify accuracy of the calculated worksheet totals and match the project narrative and any other supporting materials (price quotes).

4. Submit the completed application with attachments to the Partnership Field Associate assigned to your CSEA region.

Provide all relevant supplemental information. For example – award proofs, consultant resumes, vendor price quotes, removal fees, and single source justification.

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

Once formal written approval is received, follow the instructions on the approval letter. All required documents must be received within 90 days of your approval letter or by March 1, whichever is sooner. If the required documents are not received within this time frame, the grant may be withdrawn.

PART A - APPLICANT INFORMATION

Identify a project coordinator. Include signatures from both the labor and management representative.

Grant Information	**Grant Number** *(Partnership Use Only)*
Agency	
Facility	
CSEA Region	
CSEA Local Number	
Grant Category (select one)	
☐ Break/Lunchroom Improvement	
☐ Employee Recognition | Anticipated Event Date:	
☐ Wellness and Health Education	
☐ Working Conditions	
☐ Special Projects	

Bargaining Unit Name	**Number of CSEA-represented employees in each bargaining unit to benefit**
ASU	
ISU	
OSU	
DMNA	
Total	

PART A - APPLICANT INFORMATION CONTINUED

Project Coordinator (select one)		
☐ Management Representative	☐ CSEA Local President	☐ Other
Name		
Title		
Address		
Phone		
Email		

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** 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.
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 – an agency, along with the appropriate contact information and signature. The agency fiscal officer or procurement staff is the person who will oversee or delegate the procurement, reimbursement processes, and SFS activity. This could be someone with a procurement/fiscal or an administrative/clerical title.

Agency Fiscal or Procurement Staff		
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

Explain the full scope of the project. Answer all questions and fields. Attach additional sheets if necessary.

1. Project Description
Provide a brief summary of the grant proposal, including an overview of the requested items and their purpose.
2. Needs Assessment Process
Explain the process used to determine the need for this grant proposal.
3. Project Benefits
Explain how you anticipate this project will benefit both your CSEA-represented NYS employees and your agency/facility.

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 *(if applicable)*	LOCATION WHERE EQUIPMENT WILL BE STORED *(if applicable)*	RECIPIENTS *(# of CSEA-represented NYS employees)*	QUANTITY	COST PER ITEM	TOTAL COST
Example: *Refrigerator*	*20 cubic ft*	*Kenoza Lake*	*35*	*1*	*$ 728.00*	*$ 728.00*
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
				SUBTOTAL		$
				Shipping		$
				Disposal or Removal Fee		$
				Other (set up, credit fee, etc.)		$
				Other		$
				Other		$
				TOTAL GRANT REQUEST		$

Have Questions?

Connect with with your Regional Field Associate.

We're here to help!

PART D2 SECTION 1 – PARTICIPANT/AWARDEE LIST
ONLY FOR EMPLOYEE RECOGNITION

Calculated totals will appear on the last page: Part D2 Section 2 – Summary & Approval. The HR representative or designee must sign there to confirm the eligibility of employees and again after grant approval to confirm the attendance/receipt of awards for each employee.

Reimbursement is based on the number of individuals in receipt of an award/meal and the maximum cost per person (see Category Limitations in the QWL Guidelines), not the total number eligible.

NAME OF AWARDEE *(Include eligible guests)*	CSEA BU	AWARD TYPE	AWARD COST	AWARD REIMB	MEAL COST	MEAL REIMB	TOTAL COST	TOTAL REIMB	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
Example: *Reese Derby*	*ISU*	*10 Yrs - glasses*	*$37.99*	*$35.00*	*$12.00*	*$12.00*	*$49.99*	*$47.00*	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
PAGE SUBTOTAL			$	$	$	$	$	$	

PART D2 SECTION 1 – EXTRA PAGES PARTICIPANT/AWARDEE LIST
ONLY FOR EMPLOYEE RECOGNITION

NAME OF AWARDEE *(Include eligible guests)*	CSEA BU	AWARD TYPE	AWARD COST	AWARD REIMB	MEAL COST	MEAL REIMB	TOTAL COST	TOTAL REIMB	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
Example: *Reese Derby*	*ISU*	*10 Yrs - glasses*	*$37.99*	*$35.00*	*$12.00*	*$12.00*	*$49.99*	*$47.00*	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
PAGE SUBTOTAL			$	$	$	$	$	$	
SUBTOTAL with previous page added			$	$	$	$	$	$	

PART D2 SECTION 1 – EXTRA PAGES PARTICIPANT/AWARDEE LIST
ONLY FOR EMPLOYEE RECOGNITION

NAME OF AWARDEE *(Include eligible guests)*	CSEA BU	AWARD TYPE	AWARD COST	AWARD REIMB	MEAL COST	MEAL REIMB	TOTAL COST	TOTAL REIMB	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
Example: *Reese Derby*	*ISU*	*10 Yrs - glasses*	*$37.99*	*$35.00*	*$12.00*	*$12.00*	*$49.99*	*$47.00*	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
PAGE SUBTOTAL			$	$	$	$	$	$	
SUBTOTAL with previous pages added			$	$	$	$	$	$	

PART D2 SECTION 2 – SUMMARY & APPROVAL PARTICIPANT/ AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

The HR representative or designee must sign here to confirm the eligibility of employees and again after grant approval to confirm the attendance/receipt of awards for each employee. Reimbursement is based on the number of individuals in receipt of an award/meal and the maximum cost per person (see Category Limitations in the QWL Guidelines), not the total number eligible.

NAME OF AWARDEE *(Include eligible guests)*	CSEA BU	AWARD TYPE	AWARD COST	AWARD REIMB	MEAL COST	MEAL REIMB	TOTAL COST	TOTAL REIMB	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
Example: *Reese Derby*	*ISU*	*10 Yrs - glasses*	*$37.99*	*$35.00*	*$12.00*	*$12.00*	*$49.99*	*$47.00*	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
			$	$	$	$	$	$	
PAGE SUBTOTAL			$	$	$	$	$	$	
TOTAL with all previous pages added			$	$	$	$	$	$	
Shipping			$		$		$	$	
Disposal or Removal Fee			$		$		$	$	
Other (example - logo set up fee, credit card fee, etc.)			$		$		$	$	
Other			$		$		$	$	
GRAND TOTAL			$	$	$	$	$	$	

FOR APPROVAL

To be completed by the HR representative or designee

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.

☐ I confirm the eligibility of the employees identified with this grant application.

Print Name _____

Job Title _____

Phone Number _____

Email _____

Signature _____ Date _____

FOR REIMBURSEMENT (AFTER APPROVAL)

To be completed by the Project Coordinator

☐ I confirm the attendance/receipt of awards for the employees identified with this form.

Print Name _____

Job Title _____

Phone Number _____

Email _____

Signature _____ Date _____

Partnership Use Only: Grant Number _____

NYS & CSEA Partnership

Visit our website for more information on all Partnership 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.