

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 (Partnership Use Only)	
Agency			
Facility			
CSEA Region		CSEA Local Number	
Grant Category (select one)		Number of CSEA-represented employees in each bargaining unit	
Break/Lunchroom Improvement		ASU	
Employee Recognition Event Date(s) as applicable		ISU	
Special Projects		OSU	
Wellness and Health Education		DMNA	
Working Conditions			
		Total	
Project Coordinator (select one)			
Management Representative		CSEA Local President	Other
Name			Address
Title			
Phone			
Email			
Agency			

PART A - APPLICANT INFORMATION CONTINUED

Labor-Management Contact Information			
Management Representative <i>(Must be HR or personnel director, training director, facility director, or equivalent)</i>		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. 			
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.

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 - 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.		
Agency Purchase	CSEA Local Purchase	
For CSEA Local Purchases Only: Enter the CSEA Local 10-digit Statewide Financial System Vendor ID Number: <i>This number is required for reimbursement.</i>		
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. The name of the current local treasurer must be on file or you will have to file the necessary change form.		
Name		
Title		
Address		
Phone	Fax	
Email		
Signature of Agency Fiscal Officer OR CSEA Local Treasurer		
	Date	




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PART C – 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
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.

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	\$
<div></div> <div><h3>Have Questions?</h3><p>Connect with the field associate for your CSEA region.</p><p>We're here to help!</p></div>				Shipping	\$	
				FOR CSEA LOCALS ONLY Sales Tax	\$	
				Other (set up, removal fee, etc.)	\$	
				Other	\$	
				Other	\$	
				TOTAL GRANT REQUEST	\$	

PART D2 – PARTICIPANT/AWARDEE LIST ONLY FOR EMPLOYEE RECOGNITION

You must complete the following when you apply for an employee recognition grant, and again following the event or delivery of the award to verify attendance/receipt. Reimbursement is based on individual receipt of an award/meal, not the total number eligible. Attach pages, if necessary.

NAME OF AWARDEE (Include eligible guests)	CSEA Bargaining Unit	AWARD TYPE	AWARD COST	MEAL COST	TOTAL COST	ATTENDANCE/ RECEIPT Y/N (FOR AFTER APPROVAL)
<i>Example: Reese Derby</i>	<i>ISU</i>	<i>10 Yrs - glasses</i>	<i>\$16.99</i>	<i>\$</i>	<i>\$16.99</i>	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
SUBTOTAL			\$	\$	\$	
Shipping			\$	\$	\$	
FOR CSEA LOCALS ONLY - Sales Tax			\$	\$	\$	
Other (example - logo set up fee, delivery, etc.)			\$	\$	\$	
Other			\$	\$	\$	
Other			\$	\$	\$	
TOTAL GRANT REQUEST			\$	\$	\$	

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.	FOR REIMBURSEMENT (AFTER APPROVAL) To be completed by the Project Coordinator
I confirm the eligibility of the employees identified with this grant application. Print Name _____ Job Title _____ Phone Number _____ Email _____ Signature _____ Date _____	I confirm the attendance/receipt of awards for the employees identified with this form. Print Name _____ Job Title _____ Phone Number _____ Email _____ Signature _____ Date _____

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[illegible]

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[illegible]

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[illegible]

NOTES