



Corporate Plaza East – Suite 502
240 Washington Avenue Extension
Albany, New York 12203
Phone: 518-486-7814
1-800-253-4332
Fax: 518-486-1989

LABOR-MANAGEMENT WORKFORCE DEVELOPMENT GRANT APPLICATION
(Please type or print)

To apply for a grant, labor-management representatives from your agency/facility must complete this application and mail or fax it to Dave Street at the NYS & CSEA Partnership (see contact information on page 5 of guidelines). Submit one application for each request. Partnership staff will contact the project coordinator regarding the next steps.

Multiple Requests: If submitting multiple applications, number each request by placing a number in this box in priority order, with number one being the highest priority.

Part A: Application Cover Sheet

1. Agency Name:

2. Facility Name (if applicable):

3. Grant Project Title:

4. Total number of CSEA-represented employees who will benefit from this grant project: _____

Total numbers in each CSEA Bargaining Unit who will benefit from this grant project:

ASU _____ ISU _____ OSU _____ DMNA _____

5. Title(s) of employees targeted to participate:

Part A: Application Cover Sheet (continued)	
6. Project Coordinator:	
Provide the name of the lead person who will be responsible for fulfilling all grant requirements (financial reporting, coordination with the Partnership, project implementation, and evaluation) for this grant. Project coordinators are accountable for all expenditures and are expected to work closely with their agency/facility fiscal office.	
Name:	Title:
Address:	
Phone:	Fax:
Email:	
7. Labor-Management Contact Information:	
<i>By signing and submitting this application, the management representative and the CSEA local president noted below certify that all information contained in this application is accurate and complete. The assessment and development of this grant request has been a joint collaboration and the management representative and the CSEA local president will continue to be involved in all aspects of project implementation and evaluation.</i>	
Management Representative*	CSEA Local President
Name:	Name:
Title:	CSEA Local Number:
Address:	Address:
Phone:	Phone:
Email:	Email:
<i>*Management representative must be a human resources or personnel director, training director, facility director, or equivalent.</i>	
Signature:	Signature:
Date:	Date:
<i>The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in employment, admission, or access to its programs or activities. Reasonable accommodation will be provided upon request.</i>	

Part B: Project Narrative

Attach a typed narrative addressing the following topics. Be specific and include topic headings.

1. Project Description:

Describe your proposed project in detail. Fully describe the proposed project, its goals, and what the solution entails – the full scope of the project to be accomplished with the grant.

2. Assessing the Need and Defining Desired Outcomes

Describe the process undertaken to determine the need for this grant proposal. Describe the education or training need this grant proposal will address and describe how the project will successfully meet the need.

Describe the specific outcomes expected from the project. Describe how these outcomes are expected to benefit both your employees and the agency/facility.

3. Project Planning and Implementation

Describe how the project was designed and if a curriculum will be developed for the project. Describe 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.

Describe your project implementation plan (for example, timeline with milestones and dates, progress reporting to the Partnership, etc.).

Describe how labor and management will publicize the project. Describe how you will recruit and select participants, if applicable, and the labor-management process you will follow to accomplish selection.

Describe how the project will be evaluated. What specific performance measures will be used to evaluate the outcomes in the workplace? Can all of the expected outcomes be effectively measured? Who will prepare and review the evaluation report? (Grant developers may consult with Dave Street at the Partnership on project evaluation planning if needed.)

Describe the actions and steps your agency will take to reinforce this project in the workplace to ensure the desired outcomes. If curriculum and training programs are developed with grant funds, how will the training be institutionalized in your agency?

4. Labor and Management Involvement

Describe how labor and management were involved in the development of this project and how both will be involved throughout the project.

Describe the agency/facility commitment to the project and the in-kind contributions the agency/facility will provide (for example, monetary or non-monetary contributions, training or meeting space, release time for participants, staff or agency resources to support the grant, etc.).

5. Replication Potential and Additional Information

Please describe any potential you see for other state agencies to replicate or reuse all or part of what is developed through this project (for example, design process, materials, evaluation methods).

Describe any additional information that you would like to be considered in reviewing this application.

Part C: Budget Narrative

1. Provide a narrative description for each applicable budget category from Part D: Project Budget – Personnel, Materials and Supplies, Facilities, and Other Expenses. This narrative must describe all items identified in the budget lines. For example, under Personnel, provide the name and resume of consultant, number of days of service, cost per day, specifics about travel expenses, and explain why selected. Identify each category by name in the narrative.

2. Provide a brief cost justification for each applicable budget category from Part D: Project Budget – Personnel, Materials and Supplies, Facilities, and Other Expenses to support the cost effectiveness of the proposal. Documentation should include comparison quotes for each expense supporting reasonableness of cost. If lowest cost was not selected, please provide justification for “best value” selection. If a sole source was selected, please explain rationale for selection.

Part D: Project Budget		
<i>Please list all applicable costs within the four budget categories. Attach additional sheets if necessary. Original receipts are required for reimbursement.</i>		
1. Personnel:		
Consultant Fees:	\$	
Consultant Mileage:	\$	
Consultant Lodging:	\$	
Consultant Meals (Breakfast and Dinner only):	\$	
Other:	\$	
	\$	
Total Cost:		\$
Agency Contribution (subtract):		\$
Other Support – Specify _____ (subtract):		\$
LMWD Grant Funding Requested for Personnel		\$
2. Materials and Supplies: Includes items such as workshop materials or printing. Specify quantities where appropriate.		
Workshop Materials:	\$	
Printing:	\$	
Other (Specify):	\$	
	\$	
	\$	
Total Cost:		\$
Agency Contribution (subtract):		\$
Other Support – Specify _____ (subtract):		\$
LMWD Grant Funding Requested for Materials and Supplies		\$

Part D: Project Budget (continued)		
3. Facilities: Includes items such as room rentals and AV equipment. State agency/facility space should be used if available.		
Room Rental:	\$	
Equipment Rental:	\$	
Other (Specify):	\$	
	\$	
	\$	
Total Cost:		\$
Agency Contribution (subtract):		\$
Other Support – Specify _____ (subtract):		\$
LMWD Grant Funding Requested for Facilities		\$
4. Other Expenses: Specify items that do not fit into the above categories.		
Item 1:	\$	
Item 2:	\$	
Item 3:	\$	
Item 4:	\$	
Total Cost:		\$
Agency Contribution (subtract):		\$
Other Support – Specify _____ (subtract):		\$
LMWD Grant Funding Requested for Other Expenses		\$
Total Grant Funding Requested		\$
<i>(Add amounts requested in all categories.)</i>		
Approval of Agency Fiscal Officer:		
Name of Fiscal Officer (please print):		Date:
Signature of Fiscal Officer:		Title:
Address:		
Email:	Phone:	Fax: