

# Quality of Work Life Grants Application Form

(Please type or print)

Please complete all four pages of this application form. If you have questions about any of the information requested, please call the appropriate field associate in your CSEA Region (see page 6). Forward completed applications to the field associate. **Incomplete applications will be returned.**

**Grant Category (please check one):**

- Break/Lunch Room Improvement
- Employee Recognition
- Wellness and Health Education
- Working Conditions
- Special Projects

**Applicant Agency Name:** \_\_\_\_\_

**Applicant Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CSEA Region:** \_\_\_\_\_ **CSEA Local #:** \_\_\_\_\_

**Please provide the total number of CSEA-represented New York State employees, by individual bargaining unit, who will benefit directly from this grant project:**

ASU \_\_\_\_\_ ISU \_\_\_\_\_ OSU \_\_\_\_\_ DMNA \_\_\_\_\_

**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 (use additional page if necessary):**

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**Briefly indicate how your needs were assessed. Please cite examples (use additional page if necessary):**

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(This form may be duplicated.)

### Sample “For Equipment Purchases Only” chart

<b>Equipment Item to be Purchased</b>	<b>Size</b>	<b>Cost</b>	<b>Location of Equipment at Worksite</b>	<b>No. of CSEA-represented employees who will access the equipment</b>
microwave	1.4 cu. ft.	\$92	Chautauqua Hall break room	11
microwave	1.4 cu. ft.	\$92	Maytum Hall break room	22
microwave	1.4 cu. ft.	\$92	McEwen Hall break room	26
refrigerator	15.7 cu. ft.	\$340	Chautauqua Hall break room	11
refrigerator	18.2 cu. ft.	\$389	Maytum Hall break room	22
refrigerator	20.5 cu. ft.	\$478	McEwen Hall break room	26
<b>Total grant request:</b>		<b>\$1,483</b>		





If approved, please indicate whether your agency/facility or CSEA local will be making the purchases for your grant:

- Agency/Facility
- CSEA Local

Authorized agency/facility fiscal officer or CSEA local treasurer responsible for making the purchase(s) and processing the documentation for reimbursement relative to this grant:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE: Before you submit the grant application, please make sure your agency/facility fiscal officer or CSEA local treasurer has reviewed your grant application, is aware of the purchasing guidelines established for the QWL Grants Program as provided on page 7, and has the authority to process the voucher for payment.**

**CSEA Local President:**

Name (please print): Mr./Ms.

\_\_\_\_\_

Preferred Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Management Representative:**

Name (please print): Mr./Ms.

\_\_\_\_\_

Title: \_\_\_\_\_

Work Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**We certify that all information contained in this application is accurate and complete to the best of our knowledge. We have jointly collaborated in the assessment and development of this request and will continue to be involved in all aspects of the application.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_