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**SAFETY AND HEALTH GRANTS PROGRAM
APPLICATION FORM
(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 Mark Stackrow at the NYS & CSEA Partnership (mailing address and fax number are provided above). 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.

NOTE: Before you submit the grant application, please make sure your agency/facility fiscal officer has reviewed your grant application, is aware of the purchasing guidelines established for the Safety and Health Grants Program as provided on page 4, and has the authority to process the voucher for payment.

Part A: Application Cover Sheet

1. Agency: _____

2. Facility (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. Job title(s) of employees targeted to participate: _____

Part A: Application Cover Sheet (continued)

6. Project Coordinator (please print legibly):

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 officer.

Name: _____ Title: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

7. Labor-Management Contact Information (please print legibly):

Management Representative*

CSEA Local President

Name: _____

Name: _____

Title: _____

CSEA Local Number: _____

Address: _____

Address: _____

Phone: (____) _____

Phone: (____) _____

Email: _____

Email: _____

**Management representative must be a human resources or personnel director, training director, facility director, or equivalent.*

We certify that all information contained in this application is accurate and complete. We have collaborated in the assessment and development of this grant request and will continue to be involved in all aspects of the project including implementation and evaluation.

Signature: _____

Signature: _____

Date: _____

Date: _____

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.

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. State the proposed project, its goals, and what the solution entails – the full scope of the project to be accomplished with the grant.

NOTE: If applying for a grant to supplement required training you must describe how you will ensure future compliance once the grant has been completed.

2. Needs Assessment and Desired Outcomes

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

Describe the specific outcomes expected from the project and state how these outcomes will 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. State the proposed delivery methods for the project (for example, online course, workshop, train-the-trainer) and the training resources or consultants required for the project.

Describe your project implementation plan (for example, timeline with milestones and dates, progress reporting to the Partnership, etc.). State 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 including the specific performance measures that will be used to evaluate the outcomes in the workplace. Indicate who will prepare and review the evaluation report.

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

4. Labor and Management Involvement

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

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

5. Replication Potential and Additional Information

Describe any potential for other state agencies to replicate or reuse all or part of this grant project (for example, design process, materials, evaluation methods).

Please provide 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 consultant selection process. 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

Please list all applicable costs within the following four budget categories. Attach additional pages if necessary. Original receipts are required for reimbursement.

1. Personnel:

| | |
|---|----------|
| Consultant Fees: | \$ _____ |
| Consultant Mileage: | \$ _____ |
| Consultant Lodging: | \$ _____ |
| Consultant Meals (breakfast and dinner only): | \$ _____ |
| Other (specify): _____ | \$ _____ |
| _____ | \$ _____ |
| Total Cost: | \$ _____ |
| Agency Contribution (subtract): | \$ _____ |
| Other In-kind Support – Specify _____ (subtract): | \$ _____ |
| 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): \$ _____
Grant Funding Requested for Materials and Supplies \$ _____

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): \$ _____
Grant Funding Requested: \$ _____

4. Other Expenses: Specify items not included in the above categories.

Item 1: _____ \$ _____
Item 2: _____ \$ _____
Item 3: _____ \$ _____
Item 4: _____ \$ _____
Total Cost: \$ _____
Agency Contribution (subtract): \$ _____
Other Support – Specify _____ (subtract): \$ _____
Grant Funding Requested for Other Expenses: \$ _____

Total Grant Funding Requested: \$ _____
(Add amounts requested in all categories)

Agency/Facility Fiscal Officer:

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

Name of Fiscal Officer: _____ Date: _____

Signature of Fiscal Officer: _____ Title: _____

Address: _____

Email: _____ Phone: _____ Fax: _____