



Guidelines and Application for  
**Quality of Work Life  
Grants Program**

**2017-2021**

# A Joint Invitation

The Quality of Work Life Grants Program provides New York State and CSEA labor-management representatives with an opportunity to receive up to \$3,000 per grant category per fiscal year to launch projects and initiatives aimed at improving the job satisfaction and well-being of CSEA-represented employees. Through collaboration and leadership, successful grant initiatives can help build trust and strengthen a willingness to work together on a day-to-day basis.

These guidelines explain how CSEA and management representatives in New York State agencies and facilities can apply for grant funding. Participation in this program can help increase productivity, boost morale, and improve the quality of service delivery among the CSEA-represented New York State workforce.

We urge you to take part in the program and look forward to the results of your joint efforts.

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## Purpose

The Quality of Work Life (QWL) Grants Program is designed to give CSEA leaders and management representatives the opportunity to work together to address workplace needs specific to CSEA-represented New York State employees at their agency/facility and achieve the mutual goals of:

- Increasing employee satisfaction
- Improving the quality of service delivery
- Enhancing well-being
- Increasing productivity and performance

The program is **not** designed to:

- Buy food or beverages for the worksite, including water coolers
- Purchase entertainment items/equipment (for example, televisions, radios, movies, DVD players)
- Make capital improvements (for example, lockers, cabinets, stoves/ranges, central air)
- Give cash or cash equivalent awards (for example, gift cards, savings bonds, etc.)
- Fund ongoing projects or recertification courses

## General Requirements

QWL grants are available in five categories: Break/Lunch Room Improvement, Employee Recognition, Wellness and Health Education, Working Conditions, and Special Projects. While each category has specific requirements and limitations, the following is a list of requirements for all grants awarded through this program.

### **Joint Effort and Support**

As described above, a QWL grant requires the joint support and commitment of CSEA leaders and management representatives in all phases of the project from development to evaluation.

### **Exclusive Benefit to CSEA-represented New York State Employees**

The project or program funded by the QWL Grants Program should be for the exclusive benefit of CSEA-represented New York State employees.

### **Project Coordinator**

CSEA leaders and management representatives are encouraged to assign a Project Coordinator for the grant. The Project Coordinator will be the initial contact for the Partnership Field Associate. Together, they can ensure that the grant application meets the requirements of the grant category and is complete at the time of submission.

## Funding

The maximum funding for a QWL grant is \$3,000 per grant category per fiscal year.

## Break/Lunch Room Improvement

The purpose of this grant category is to help improve break/lunch areas at agencies/facilities that lack sufficient space and do not have dining halls or restaurants that are within a reasonable travel distance for employees.

### Examples of Approved Equipment

The following are some items that have previously been approved to purchase with grant funds:

- Kitchen furniture, such as tables and chairs
- Appliances, including coffee makers, toaster ovens, microwaves, and refrigerators

### Equipment Type Limitations

The following is a list of items that **will not** be approved for purchase with grant funds:

- Food or beverages for the worksite, including water coolers
- Utensils for serving food
- Entertainment items/equipment (for example, televisions, radios, movies, DVD players)
- Capital improvements (for example, lockers, cabinets, stoves/ranges)
- Replacement of commercial-grade appliances, microwaves, and refrigerators purchased with QWL grant funds within the last four years
- Gas grills and smoke ventilators

### Equipment Size Limitations

The size of equipment approved is limited by the number of CSEA-represented employees who will benefit. The following chart outlines these limitations:

Limitations for Break/Lunch Room Equipment Based on Number of Employees			
Number of Employees	Coffeemaker Size	Microwave Quantity and Size	Refrigerator Size
1-4	Household grade with one burner or single-serve, e.g., Keurig	One microwave no larger than 2.0 cubic feet	4.9 cubic feet max
5-10			10.7 cubic feet max
11-20	Commercial grade with up to three burners		15.7 cubic feet max
21-30			18.2 cubic feet max
More than 30		Up to two microwaves no larger than 2.0 cubic feet	20.5 cubic feet max

# Employee Recognition

Employee Recognition programs are an important way for CSEA leaders and management representatives to acknowledge and reward individual and team efforts that enhance labor-management cooperation, quality of services, and employee morale.

## Types of Recognition Programs

CSEA leaders and management representatives may apply for grants to develop or complement an existing program that recognizes employees for the following factors:

- Length of service (minimum of 10 years required)
- Exceptional one-time performance or sustained outstanding achievement that has led to improved labor-management cooperation, safety and health, quality of work life, or service delivery

## Examples of Approved Awards

The following are some items that have previously been approved to purchase with grant funds:

- Decorative awards, such as plaques, clocks, and certificates
- Personal gifts, such as pins, shirts, and hats
- Meals at a recognition event, including meals for an outside guest speaker, CSEA representative, or management representative who attend

## Limitation on the Cost of Awards

There are some limitations to the cost of an award based on the type of award being given. The following chart outlines these limitations:

Limitations to Award Cost	
Award Type	Maximum Cost Per Person
Special Achievement	\$35
10 years of service	\$35
15 years of service	\$40
20 years of service	\$45
25 years of service	\$50
30 years of service	\$60
35+ years of service	\$75

## Limitations on Meals at Recognition Events

While meals at a recognition event are allowed, the following limitations apply:

- Alcohol as a gift or as part of a meal **will not** be approved
- Awards or meals for events in which all staff at an agency/facility are being recognized (for example, employee picnics) **will not** be approved
- The maximum allowed for breakfast is \$8 per person
- The maximum allowed for lunch is \$15 per person
- The maximum allowed for dinner is \$30 per person

## Wellness and Health Education

Wellness and Health Education programs teach life-enhancing techniques, help reduce the effects of stress, and promote lifestyles that contribute to good health. These programs may lead to fewer illnesses, less absenteeism in the workplace, and lower healthcare costs. Additionally, Wellness and Health Education programs can have a positive effect on job performance, productivity, and morale.

### Examples of Approved Programs

The following are some items that have been approved previously for purchase with grant funds:

- Stress management programs
- Nutrition programs
- Health and fitness programs
- Heart disease prevention and control
- Initial cost of First Aid/CPR training and certification

### Limitations on Equipment and Programs

The following items **will not** be approved to purchase with grant funds:

- Exercise equipment
- Health club memberships
- Smoking cessation programs
- Weight loss classes
- Recertification courses for First Aid/CPR



## Working Conditions

The purpose of this grant category is to help CSEA leaders and management representatives address ways to improve physical working conditions for CSEA-represented employees at agencies/facilities.

### Examples of Approved Equipment

Some examples of equipment that may be approved for purchase include:

- Heaters, fans, and air conditioners
- Ice makers

### Limitations on Equipment

Funds **cannot** be used to purchase the following:

- Capital improvements (for example, central air)
- Smoke ventilators

## Special Projects

The Partnership is willing to consider requests that are of a unique and innovative nature. Labor and management representatives are strongly encouraged to discuss their grant proposal with their respective Partnership Field Associate **before** submitting a formal application in this category.

## Equipment Management

Equipment purchased with grant funds is the property of the Partnership. However, agencies/facilities are responsible for keeping an inventory of any equipment that is purchased, performing basic maintenance to keep it in working order (for example, cleaning), and ensuring the items are secure.

### Inventory

Inventory tags will be provided and are required to remain on all equipment purchased with grant funds. Partnership staff will provide agencies/facilities with an inventory report form that must be completed and returned to the Partnership.

**Note:** Additional grants for an agency/facility will not be considered until a completed inventory report form has been received by the Partnership.

## Security and Maintenance

CSEA leaders and management representatives are responsible for the security, maintenance, repair, and/or replacement of equipment purchased with grant funds. Warranties on purchased equipment should be kept on file for future reference.

## Application Review Process

When an application is received, a regional Field Associate at the Partnership will contact the Project Coordinator within **three business days**.

All applications must be complete before they will be reviewed. **Complete applications** include:

- Part A – Applicant Information
- Part B – Project Narrative
- Part C – Budget Worksheets
- Part D – Purchasing Information for Agency Fiscal Officer OR CSEA Local Treasurer
- Two price quotes from vendors for items under \$500 and three price quotes from vendors for items over \$500 or sole source justification
- Signatures from CSEA Local President and management representative

If an application is incomplete, the Project Coordinator will be notified and they must provide the missing information and resubmit the application for Partnership review.

## Project Review and Decision

The Partnership will review the application using the **Review Criteria** outlined below. Grant applicants will be notified of the final decision in writing.

## Timeline

The Partnership reviews each application thoroughly and works with grant applicants to develop an effective project. This commitment to quality and support means that it may take several weeks to complete the process. It generally takes **approximately four weeks** from the time of submission to receive a decision.

## Review Criteria

Complete grant applications include a Project Narrative, Budget Worksheet(s), and Purchasing Information for the Agency Fiscal Officer OR CSEA Local Treasurer. The following is an outline of the factors that will be considered when reviewing each section.

## **Project Narrative**

The Project Narrative explains the proposed grant. Strong applications will include:

- A brief description of the employee and organizational needs to be addressed by the grant and how the grant will benefit both CSEA-represented NYS employees and the agency/facility
- A brief description of how needs were assessed
- Additional information to be considered in reviewing the grant proposal

## **Budget Worksheets**

The Budget Worksheets will be reviewed to ensure all calculations are correct and correspond with the vendor price quotes provided.

## **Purchasing Information for Agency Fiscal Officer OR CSEA Local Treasurer**

- If an agency/facility is purchasing the approved items, the authorized Fiscal Officer will receive a copy of the approval letter and a **General Ledger Journal Entry (Form AC 22-S)**
- If the CSEA Local is purchasing the approved items, the CSEA Local Treasurer will receive a copy of the approval letter and a **Claim for Payment Form (AC3253-S)**
- Also, if CSEA Local funds are used, reimbursement will occur only if the CSEA Local is a vendor in the Statewide Financial System (SFS)
- For a CSEA Local to be a vendor in SFS, the CSEA Local Treasurer must complete a Substitute Form W-9: Request for Taxpayer Identification Number & Certification (AC 3237-S) available from the NYS Office of the State Comptroller (OSC) at [http://www.osc.state.ny.us/vendors/forms/ac3237s\\_fe.pdf](http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf)
- Once the CSEA Local Treasurer completes the Substitute Form W-9 and sends it to the Partnership for processing, the CSEA Local will be given a Vendor Identification Number
- The Vendor Identification Number is required on the Claim for Payment Form (AC 3253-S) that must be submitted with the required documentation for the grant showing proof of payment for the goods or services received
- The CSEA Local Treasurer should contact the Partnership for assistance in becoming a vendor in SFS, if necessary

## Purchasing Approved Items

The QWL Grants Program is a reimbursement program. This means that after a grant is approved, items must be purchased by the agency/facility using agency funds or by the CSEA Local in coordination with their CSEA Local Treasurer. When the approved items have been purchased and the Partnership receives all required documents, the agency/facility or CSEA Local will then be reimbursed. See the **Project Completion and Reimbursement** section below for more details.

### Making Purchases

Agencies/facilities or CSEA Locals can make purchases **after** they receive formal written approval from the Partnership. Purchases made before receiving written approval will not be reimbursed. Please note that all purchases made with grant funds are subject to the purchasing practices of New York State and individual agencies.

### Accountability

Project Coordinators are accountable for all expenditures and are expected to work closely with their agency/facility Fiscal Officer or CSEA Local Treasurer to ensure they are following State and agency purchasing policies.

### Documentation

Invoices, original receipts, and proof that goods or services were received (for example, packing slip, participant list, etc.) are **required** for an agency/facility or CSEA Local to be reimbursed. Project Coordinators should work closely with their agency/facility Fiscal Officer or CSEA Local Treasurer to ensure sufficient documentation is obtained to receive reimbursement.

### Changes to an Approved Grant or Project Budget

Any changes to an approved grant or budget **must** be requested in writing. The request will be reviewed and, if approved, the Partnership will provide written approval outlining the specific changes that are allowed. Any purchases made without written approval will not be reimbursed.

## Project Completion and Reimbursement

The Project Coordinator, in collaboration with the agency/facility Fiscal Officer or CSEA Local Treasurer, should submit all required documents (listed below) to the Partnership **within 30 days** of project completion so that reimbursement can be made. Please note that all purchases must be completed within 90 days from the date of the approval letter OR before the end of the New York State fiscal year in which the grant was awarded, whichever comes first, or the grant will be withdrawn.

## Method for Reimbursement for Purchases Made by Agencies

If the approved items were purchased with agency/facility funds, reimbursement will occur through a funding expense transfer process via a **General Ledger Journal Entry (Form AC 22-S)** and in accordance with the NYS Finance Law and Office of the State Comptroller's rules and regulations.

## Method for Reimbursement for Purchases Made by CSEA Locals

As mentioned previously, if the approved items were purchased with CSEA Local funds, the reimbursement will occur via a **Claim for Payment Form (AC3253-S)**.

**Note:** A CSEA Local **must** be a vendor in the Statewide Financial System (SFS) with a **Vendor Identification Number** in order to complete the Claim for Payment Form (AC3253-S) and be reimbursed. A Vendor Identification Number is different from a Federal Tax ID/EIN. For a CSEA Local to become a vendor in SFS, the CSEA Local Treasurer must:

1. Complete a **Substitute Form W-9: Request for Taxpayer Identification Number & Certification (AC 3237-S)** available from the NYS Office of the State Comptroller (OSC) at [http://www.osc.state.ny.us/vendors/forms/ac3237s\\_fe.pdf](http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf).
2. Email the form to Mary Lee Smaldone at [marylee.smaldone@nysceapartnership.org](mailto:marylee.smaldone@nysceapartnership.org) or Michael Wilmot at [michael.wilmot@nysceapartnership.org](mailto:michael.wilmot@nysceapartnership.org) or fax to the Partnership at (518) 486-1989.
3. The form will be processed and a **Vendor Identification Number** for SFS will be issued to the CSEA Local.

## Required Documents

The Partnership must receive the following documents before an agency/facility or CSEA Local can be reimbursed.

- Reimbursement request form:
  - For **agency** purchases: General Ledger Journal Entry (Form AC 22-S) with Fiscal Officer's authorized signature
  - For **CSEA Local** purchases: Claim for Payment Form (AC3253-S) with CSEA Local Treasurer's authorized signature
- Final invoice from vendor
- Proof of payment (receipts, invoice that shows payment was made)
- Proof of receipt of items (packing slip)
- Quality of Work Life Grants Program Participant List (sign-in sheet) (if applicable)
- Other documentation as agreed to by the Partnership and the grant applicant

If documents are missing or incomplete, Partnership staff will contact the Project Coordinator and work with them to submit what is needed. Please note, agencies/facilities or CSEA Locals who are unable to provide all of the required documents may have their grant withdrawn.

# Questions

## General Questions

For additional information about the program or to arrange a meeting to discuss your proposal, contact the appropriate Field Associate at the Partnership based on your CSEA region as follows:

CSEA Region	Field Associate
Region 1 - Long Island Region 2 – Metropolitan Region 3 - Southern	Victoria Pentaleri, Field Associate (518) 419-8585 <a href="mailto:victoria.pentaleri@nyscseapartnership.org">victoria.pentaleri@nyscseapartnership.org</a>
Region 4 - Capital Region 5 - Central Region 6 - Western	Myron DeFranco, Field Associate (315) 428-3205 <a href="mailto:myron.defranco@nyscseapartnership.org">myron.defranco@nyscseapartnership.org</a>

## Reimbursement Questions

For any questions about the reimbursement process contact:

- Mary Lee Smaldone at (518) 473-1720 or [marylee.smaldone@nyscseapartnership.org](mailto:marylee.smaldone@nyscseapartnership.org)
- Michael Wilmot at (518) 473-0053 or [michael.wilmot@nyscseapartnership.org](mailto:michael.wilmot@nyscseapartnership.org)



## Quality of Work Life (QWL) Grants Program Application Part A - Applicant Information

This is a fillable form and may be completed electronically. Once the form is open, left-click on the field to be completed, and type your text. Once the form is completed, please print and obtain the required signatures. You can save a copy of the completed form if filled out on your PC (without signatures) to a local drive on your PC or network. The form may also be printed blank and completed by hand.

**Instructions:** Type or print responses in the space provided and email or fax the application to the designated Field Associate (see page 10 for contact information).

<b>Grant Information</b>		<b>Grant Number (For Partnership use only)</b>	
<b>Agency</b>			
<b>Facility</b>			
<b>CSEA Region</b>		<b>CSEA Local Number</b>	
<b>Grant Category (select one)</b>		<b>Number of CSEA-represented employees in each bargaining unit who will benefit from this grant</b>	
<input type="checkbox"/> Break/Lunch Room Improvement		ASU	
<input type="checkbox"/> Employee Recognition—Event Date:		ISU	
<input type="checkbox"/> Special Projects		OSU	
<input type="checkbox"/> Wellness and Health Education		DMNA	
<input type="checkbox"/> Working Conditions		<b>Total</b>	
<b>Project Coordinator</b>			
<input type="checkbox"/> Management Representative <input type="checkbox"/> CSEA Local President <input type="checkbox"/> Other (specify below)			
<b>Name</b>			
<b>Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Fax</b>			
<b>Email</b>			

<b>Labor-Management Contact Information</b>			
<b>Management Representative</b> (Must be HR or personnel director, training director, facility director, or equivalent)		<b>CSEA Local President</b>	
<b>Name</b>		<b>Name</b>	
<b>Title</b>		<b>CSEA Local Number:</b>	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Email</b>		<b>Email</b>	
<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"> <li>1. All information contained in this application is accurate and complete.</li> <li>2. The assessment and development of this grant request has been a joint collaboration.</li> <li>3. The management representative and CSEA Local President will be involved in all aspects of project implementation and evaluation throughout the process.</li> </ol>			
<b>Management Representative Signature</b>		<b>CSEA Local President Signature</b>	
<b>Date</b>		<b>Date</b>	

The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of age, race, creed, color, national origin, sexual orientation, gender identity, military status, sex, disability, predisposing genetic characteristics, marital status, or domestic violence victim status in employment, admission, or access to its programs or activities. Reasonable accommodation will be provided on request. The State of New York is an Equal Opportunity Employer.



**Instructions:** Answer each question in detail. Attach additional sheets if necessary. Be sure to include the section number and heading on each additional sheet.

### **1. Project Description**

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.

### **2. Needs Assessment Process**

Briefly describe how your needs were assessed. Please cite examples.

### **3. Additional Information**

Please share any additional information that you would like to be considered in reviewing this grant.

**Instructions:** Type or print a list of all items requested for a **Break/Lunch Room Improvement** or **Working Conditions** grant. Additional sheets may be attached if needed.

<b>Break/Lunch Room Improvement and Working Conditions Grants</b>				
<b>Item Description (item, size, and location it will be used)</b>	<b>Quantity</b>	<b>Cost Per Item</b>	<b>Total Cost</b>	<b># of CSEA employees to benefit</b>
		\$	\$	
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<b>Total Requested for this Page</b>			<b>\$</b>	

<b>Total Amount of Grant Request</b>	<b>\$</b>
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**Instructions:** Type or print a list of all items requested for an **Employee Recognition or Wellness and Health Education** grant. Additional sheets may be attached if needed.

<b>Employee Recognition and Wellness and Health Education Grants</b>			
<b>Description of Item (Include Award Type and Meals for Employee Recognition)</b>	<b>Quantity</b>	<b>Cost Per Item</b>	<b>Total Cost</b>
		\$	\$
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<b>Total Requested for this Page</b>			<b>\$</b>

<b>Total Amount of Grant Request</b>	<b>\$</b>
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**Part D – Purchasing Information for**

**Agency Fiscal Officer OR CSEA Local Treasurer**

<b>Purchasing Information</b>											
If approved, please indicate whether your agency/facility <b>OR</b> the CSEA Local will be making the purchases for the grant.											
<input type="checkbox"/> Agency Purchase  <input type="checkbox"/> CSEA Local Purchase (Please provide your 10-digit Statewide Financial System Vendor Identification Number below)											
SFS Vendor ID Number (CSEA Local Only)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
<p>If the CSEA Local is making the purchase, the CSEA Local must be a vendor in the Statewide Financial System (SFS) to receive reimbursement from the Partnership. For a CSEA Local to be a vendor in SFS, the CSEA Local Treasurer must complete a Substitute Form W-9: Request for Taxpayer Identification Number &amp; Certification (AC 3237-S) available from the NYS Office of the State Comptroller (OSC) at <a href="http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf">http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf</a>.</p> <p>Once the CSEA Local Treasurer completes the Substitute Form W-9 and sends it to Partnership for processing, the CSEA Local will be given a Vendor Identification Number. The Vendor Identification Number is required on the Claim for Payment Form (AC 3253-S) that must be submitted with the required documentation for the grant showing proof of payment for the goods or services received.</p>											
<b>Agency Fiscal Officer OR CSEA Local Treasurer</b>											
The Agency Fiscal Officer <b>OR</b> CSEA Local Treasurer is instrumental in providing the required forms and documentation for reimbursement.											
<b>Name</b>											
<b>Title</b>											
<b>Address</b>											
<b>Phone</b>	<b>Fax</b>										
<b>Email</b>											