Quality of Work Life/Labor-Management Grants Program (QWL/LMGP)
for
NYSCOPBA-represented Employees

Application Form

January 1, 2024 through December 31, 2026

Grant funds are awarded to State agencies/facilities that actively involve a labor-management process in the development, administration, and evaluation of the project. Prospective applicants are encouraged to contact the NYS/NYSCOPBA Joint Labor-Management Committee (JLMC) staff to obtain assistance with grant development.

The QWL/LMGP Application (Form SSU-007) *must* be:

- Used for all grant proposals.
- Discussed with your finance officer/facility steward prior to submittal. (This person will be responsible for overseeing the purchase and processing payment with funding codes provided by the JLMC.)
- Completed and signed by the appropriate NYSCOPBA and management representatives.

Grant applications will be accepted on a first-come, first-served basis, as determined by the date received by the JLMC, for review on a continual basis so long as funds are available.

Equipment purchased through the QWL/LMGP must fall under at least one of three categories: Health/Fitness, Break/Kitchen, Quality of Work Life/Training and Activity Center Equipment.

Applicants may be contacted by JLMC staff for clarification of project information or to request additional information. If the application is incomplete, paperwork will be returned to the local labor-management committee.

Application Submission

Completed applications should be forwarded to the JLMC. Committee staff will acknowledge the receipt of all applications by letter to the project coordinator and to the labor and management representatives who signed the application.

Applications can be submitted to the JLMC by any one of the following methods:

Mail
NYS/SSU JLMC
Attn: Melissa Bombard
2 Empire State Plaza
7th Floor
Albany, New York 12223

Email
SSUPrograms@lmc.ny.gov

JLMC Contact
Melissa Bombard
(518) 474-6772
Melissa.Bombard@oer.ny.gov

QWL/LMGP Application Form
2024 - 2026

(Fillable)

This form is to be completed for new Labor-Management initiatives only.

Agency/Facility: _____ **Facility Code:** _____

Address: _____

_____

Submission Date: _____

Date Received by SSUJLMC

Grant Category:
- ☐ Health/Fitness Equipment
- ☐ Break/Kitchen Equipment
- ☐ QWL/TAC Equipment
- ☐ Miscellaneous Projects
- ☐ Pilot/Experimental

Finance Officer/Facility Steward

Name (Please Print or Type) _____ Telephone Number _____

Signature _____ Email Address _____

Date _____

Finance officer/facility steward certifies the necessity of purchasing the equipment and that the proposed purchase is in line with the rules and regulations governing purchases and expenditures with state funds.

NYSCOPBA Chief Sector Steward

Name & Title (PLEASE PRINT OR TYPE) _____

Telephone Number _____

Email Address _____

Signature _____ Date _____

Management Representative

Name & Title (PLEASE PRINT OR TYPE) _____

Telephone Number _____

Email Address _____

Signature _____ Date _____

Project Coordinator

Name (PLEASE PRINT OR TYPE) _____ Email Address _____

Telephone Number _____ Date _____

Total funds requested: $ _____

Total number of NYSCOPBA members who will benefit from program: _____

Introduction/Program Need

Provide a brief description of the project (attach additional sheet if necessary).

Describe the needs to be addressed by the proposed program and expected impact to be made or problem(s) resolved by the project.

Program Development, Management, And Evaluation

Describe your joint labor and management goals and how the proposed program relates to those goals. Briefly mention other joint programs completed or planned to accomplish these goals.

Describe how the proposed program was jointly developed and will be jointly administered and evaluated.

Program Cost

Present a budget narrative which details the total costs of individual program components. Indicate the total amount of money being requested from the QWL/LMGP and, if possible, the amount the local labor-management committee will contribute both in cash and in-kind services.

Equipment Purchase Request Detail for New Initiatives

Instructions: Type or print a list of all items requested. Additional sheets may be attached if needed. Total cost must include shipping costs, as applicable. Total cost should not include sales tax since NYS is tax exempt.

Equipment/Item Being Requested and Size	Item/Equipment Location	Selected Vendor Name or State Contract Vendor	Final Cost Per Item	Quantity	Total Cost
***Example**:* *Microwaves* *1.1 cu. ft.*	*Break Rooms* *A, B, C, D*	*Vendor Name*	*$78.10*	*4*	*$312.40*

Total Funds Requested	$