

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

**Application Form  
August 1, 2019 through March 31, 2023**

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, QWL/TAC 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](mailto:Melissa.Bombard@oer.ny.gov)

**QWL/LMGP Application Form**  
**2019 - 2023**  
(Fillable)

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

Note: If you are requesting funds to purchase equipment that was *previously* funded by the JLMC, please complete form SSU-008, Equipment Replacement Grant Program (ERGP) Application Form.

**Agency/Facility:** \_\_\_\_\_

**Facility Code:** \_\_\_\_\_

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

**Submission  
Date:** \_\_\_\_\_

Date Received by SSUJLMC

- Grant Category:**
- |   |   |
|---|---|
| <input type="checkbox"/> Health/Fitness Equipment | <input type="checkbox"/> Miscellaneous Projects |
| <input type="checkbox"/> Break/Kitchen Equipment  | <input type="checkbox"/> Pilot/Experimental     |
| <input type="checkbox"/> QWL/TAC Equipment        |   |

**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**

**Management Representative**

\_\_\_\_\_  
Name & Title (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
Name & Title (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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	Vendor Name or State Contract Vendor	Final Cost Per Item	Quantity	Total Cost
<i>Example:</i>  Microwaves 1.1 cu. ft.	Break rooms A, B, C, D	Vendor 1            \$95.03			
		Vendor 2            \$78.10	\$78.10	4	\$312.40
		Vendor 3            \$92.00			
Total Funds Requested					