



## Quality of Work Life (QWL) Grant Program Application

Instructions: This fillable form may be completed electronically, or printed blank and filled out by hand. To complete electronically, left click on each field, and type your text. Once the form is completed, please print, and obtain the required signatures. Scan the completed, signed form and email it to [QWLgrant@pef.org](mailto:QWLgrant@pef.org) or fax to (518) 785-1814.

It is recommended that a copy of the completed form if filled out on your computer (without signatures) be saved to a local drive on your computer or network.

### Grant Information

Agency:

Facility/Building:

### QWL Grant – Break/Lunchroom Improvement

Number of PEF-represented employees in each Division who will benefit from this grant:

### Project Coordinator

Management Representative

PEF Council Leader

Other (specify below)

Name:

Title:

Address:

Phone:

Email:

## Part A – Applicant Information

### Labor-Management Contact Information

#### Management Representative

(Must be HR or personnel director, training director, facility director, or equivalent)

Name:

Title:

Address:

Phone:

Email:

#### PEF Council Leader

Name:

PEF Division:

Address:

Phone:

Email:

By signing and submitting this application, the Management Representative and the PEF Council Leader noted above certify that:

- All information contained in this application is accurate and complete.
- The assessment and development of this grant request has been a joint collaboration.
- The Management Representative and PEF Council Leader will be involved in all aspects of project implementation and evaluation throughout the process.

Management Representative Signature:

Date:

PEF Council Leader Signature:

Date:

## **Part B – Project Narrative**

Instructions: Answer each question in detail. Attach additional sheets if necessary.

### **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 PEF-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.

**Part C – Budget Worksheet**

Instructions: Type or print a list of all items requested for a QWL grant. 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.

<b>Item and Size</b>	<b>Quantity and Location</b>	<b>Cost per Item</b>	<b>Total Cost</b>	<b># of PEF members to benefit</b>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Total Amount Requested:

**Part D – Purchasing Information for Agency Fiscal Officer**

**Agency Fiscal Officer**

Instructions: Type or print the name of the Agency Fiscal Officer who will be providing the required forms and documentation for reimbursement. This should be someone within the Agency Finance/Purchasing Department. Experience completing the AC22-S General Ledger Journal Entry Form makes the reimbursement process easier to complete at the agency level. Questions related to the AC22-S form should be referred to the Agency Finance Department.

Name:

Title:

Address:

Phone:

Email: