



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 the application to Patricia Richardson, Membership Engagement Administrative Assistant, Patricia.Richardson@pef.org or fax to (518) 785-1814.

Grant Information		Grant Number (For OER use only)	
Agency			
Facility			
QWL Grant – Break/Lunch Room 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			
Fax			
Email			

Part A – Applicant Information (Continued)

Labor-Management Contact Information			
Management Representative (Must be HR or personnel director, training director, facility director, or equivalent)		PEF Council Leader	
Name		Name	
Title		PEF Division:	
Address		Address	
Phone		Phone	
Email		Email	
<p>By signing and submitting this application, the management representative and the PEF Council Leader noted above certify that:</p> <ol style="list-style-type: none"> 1. All information contained in this application is accurate and complete. 2. The assessment and development of this grant request has been a joint collaboration. 3. The management representative and PEF Council Leader will be involved in all aspects of project implementation and evaluation throughout the process. 			
Management Representative Signature		PEF Council Leader Signature	
Date		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 Worksheets

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

Break/Lunchroom Improvement and Working Conditions Grants				
Item Description (item, size, and location it will be used)	Quantity	Cost Per Item	Total Cost	# of PEF employees to benefit
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total Amount of Grant Request				\$

Part D – Contact Information of 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.	
Name	
Title	
Address	
Phone	Fax
Email	