

# **Safety and Health Initiatives Program**

## **Grants Guidelines and Application**

**Effective**

**April 1, 2023 – December 31, 2026**



**Office of  
Employee Relations**

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# Safety and Health Initiatives Program Table of Contents

## Program Guidelines

A. Purpose.....	i
B. Funding Plan and Program Highlights.....	i
C. Eligibility Criteria.....	ii
D. Submission .....	iii
E. Grants.....	iii
F. Reimbursement.....	iii
G. How to Apply.....	iv
H. Budget.....	iv
I. Additional Information and Assistance.....	iv

## Program Application

A. Application Cover Sheet.....	1
B. Project Narrative.....	4
C. Project Budget.....	5
D. Project Overview.....	7

# Safety and Health Initiatives Program

## Program Guidelines

### A. Purpose

The Safety and Health Initiatives Program (SHIP) provides grant funding for safety and health training programs. Joint Labor and Management grant proposals are a vehicle by which labor and management work together to address safety and health training needs of PEF represented employees. Grant proposals must have the support of both labor and management, and address education or training needs related to:

- changes in agency or organization mission or goals
- changes in work processes
- technological change
- prevention of work-related injury and illness
- reduction of workers' compensation and related costs
- compliance with standards, code rules and regulations

### B. Funding Plan and Program Highlights

The SHIP Grant program is funded by Article 18.4 of the 2023-2026 negotiated Agreement between the State of New York and the Public Employees Federation (PEF), AFL-CIO and administered by the joint State of New York and PEF Article 18, Health and Safety Committee.

All labor and management applicants will be notified if the project is approved. The agency will be notified on how to proceed.

#### SHIP Program Highlights

- **Proposals must have joint support of labor and management representatives, throughout the planning, implementation and evaluation process. Management representatives must include a representative that acknowledges NYS procurement policies/guidelines will be adhered to, as well as accepts that specific documentation requirements will be necessary for reimbursement.**
- **SHIP proposals are evaluated on a continuous first come, first served basis.**
- **The Joint State of New York and PEF, Article 18 Health and Safety Committee reviews and makes final decisions on all SHIP grant applications.**
- **The program expires on December 31, 2026. All SHIP projects must be completed by December 31, 2026.**
- **Reimbursement request invoices and support documentation must be submitted no later than December 31, 2026.**

## C. Eligibility Criteria

Each application that is submitted will be evaluated in accordance with the following eligibility criteria:

1. The proposal addresses identified health and safety education and/or training needs of PEF-represented employees related to:
  - changes in work processes
  - technological change
  - prevention of work-related injury and illness
  - reduction of workers' compensation and related costs
  - changes in legal and/or regulatory requirements
  - changes in agency or organization mission and/or goals
  - other specific challenges to health and safety
  - initial compliance with standards, code rules and regulations
2. The proposal shows that labor and management representatives have collaborated on and support the proposal.
3. Program proposals cannot be used to duplicate other labor-management funded programs, or to supplement or replace an agency's budget for routine or required training programs.
4. Where applicable, the agency contributes to the project. This could include in-kind contributions of personnel and agency resources, as well as release time for participants.
5. The project evaluation plan goes beyond participant satisfaction surveys to include measurements such as pre-tests, post-tests and post-learning surveys of participants, supervisors, or agencies.
6. We encourage projects that:
  - have the potential to be replicated in other agencies
  - involve more than one agency
  - are delivered to agency employees statewide
  - can be sustained beyond the initial project
  - teach skills to prepare for both current and future workforce needs

## Examples of Prior SHIP Grant Projects

- *Infection Control Certification Training*
- *Workplace Violence Prevention Program – Beyond Regulatory Mandate*
- *Back Injury/Ergonomics Program and Training*
- *Safe Patient Handling*
- *Bloodborne Pathogens and TB Training –Beyond Regulatory*
- *Slips, Trips and Falls Training*
- *Hazard Assessment*
- *Health and Safety Program Development*
- *Health and Safety Committee Training*
- *Right-to-Know Training – Beyond Regulatory*
- *Emergency Preparedness/Response*

### D. Submission

There is a limit of one project per application. However, applicants may submit applications for more than one project.

### E. Grants

Grant funding is available at a maximum of \$30,000. Applications will be reviewed by the Joint State of New York and PEF Article 18, Health and Safety Committee. The Committee may ask for clarification or for more information on any submission.

The determination will be one of the following:

*Approval-* The proposed project can move forward in accordance with section H.

*Conditional Approval-* Approval will be granted if additional information is provided and/or specific modifications to the project are made.

*Disapproval-* A proposal is disapproved for specific written reasons. This does not preclude the applicant from revising the proposal and resubmitting at a later date.

### F. Reimbursement

Training must be completed no later than December 31, 2026. Within 60 days of the completion of the approved training, the reimbursement process requires the following documentation:

1. Provided journal entry coded by your fiscal office;
2. Grant approval letter;
3. Course outline/agenda;
4. Sign-in sheet(s);
5. Agency proof of payment including:
  - Vendor invoice(s), including receipts;
  - Documentation voucher was paid, e.g., P-card statement or screenshot of paid Voucher in SFS.

## G. How to Apply

The SHIP guidelines and application are available on the PEF website at:

<https://www.pef.org/departments/health-safety/available-grants/>

or by contacting the PEF Occupational Health & Safety Department at:

[HealthAndSafety@pef.org](mailto:HealthAndSafety@pef.org) or by calling 800-342-4306 ext. 254.

1. Complete all four parts of the SHIP Application:

**Part A:** Cover Sheet

**Part B:** Project Narrative

**Part C:** Project Budget

**Part D:** Project Overview

2. Obtain the required signatures of management and labor representatives.

3. Send the completed application to:

**Email:** [HealthAndSafety@pef.org](mailto:HealthAndSafety@pef.org)

**Mail:** NYS Public Employees Federation, AFL-CIO  
Occupational Health & Safety Department  
P. O. Box 12414  
Albany, NY 12212-2414

***NOTE: Be sure to send a copy to each of the signatories, and the PEF staff representative you worked with on the application.***

## H. Budget

The detailed budget shall list each and every funded activity and cost. For example, list the number of training hours, cost per hour, and cost for training materials, as well as total cost. When an outside provider is used for delivering services, a signed and detailed proposal from the provider must be attached to the application. Relevant state procurement procedures must be followed.

## I. Additional Information and Assistance

The NYS Office of Employees Relations (OER) and the Public Employees Federation, AFL-CIO (PEF) program staff are available to discuss your proposal with you prior to submitting an application. Please contact one of us to ensure that your proposal is appropriate and fundable under the program guidelines.

Edward Cottrell, OER	518) 473-7253	<a href="mailto:Edward.Cottrell@oer.ny.gov">Edward.Cottrell@oer.ny.gov</a>
Conrad Davis, PEF	(518) 785-1900	<a href="mailto:Conrad.Davis@pef.org">Conrad.Davis@pef.org</a>
Leisa Abraham, PEF	(585) 232-6980	<a href="mailto:Leisa.Abraham@pef.org">Leisa.Abraham@pef.org</a>
PEF Health and Safety Department	(800) 342-4306 x254	<a href="mailto:HealthAndSafety@pef.org">HealthAndSafety@pef.org</a>

# SHIP Grant Application

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**Program Title**

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**Agency**

**Please send completed application to:**

**Email:** [HealthAndSafety@pef.org](mailto:HealthAndSafety@pef.org)

**Mail:** NYS Public Employees Federation, AFL-CIO  
Occupational Health & Safety Department  
P. O. Box 12414  
Albany, NY 12212-2414



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**Safety and Health Initiatives Program**

# Application

*Applications will be reviewed on a continual basis.*

**SHIP Program Guidelines and Application are available at:**

<https://www.pef.org/departments/health-safety/available-grants/>

**Multiple Proposals:** Although funding for more than one project may be requested, describe only one project per application.

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

## **Part A. Application Cover Sheet**

1. Agency name: \_\_\_\_\_
2. Facility (if applicable): \_\_\_\_\_
3. Project title: \_\_\_\_\_
4. Brief project description:



**Part A. Application Cover Sheet (continued)**

5. Total number of PS&T, CSEA, M/C, or other unions participating: \_\_\_\_\_

6. Titles of targeted employees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Project Coordinator: Provide the name of the site contact or lead person who will be responsible for fulfilling all project requirements (project implementation and evaluation).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

8. **Labor-Management Contact Information:** By submitting this application, the agency management and PEF representatives named below certify that all information contained in this application is accurate and complete, and that development of this grant proposal has been a joint collaboration. In addition, agency management and PEF representatives understand that NYS procurement protocols and procedures must be followed with all grant money usage. Furthermore, reimbursement will only be provided when ALL of the requirements as specified in the award letter are fulfilled.

**Management Representative**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Management Fiscal Representative**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PEF Representative**

Name: \_\_\_\_\_

PEF Local No.: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **Safety and Health Initiatives Programs Application**

## **Part B: Project Narrative**

Attach a typed narrative that answers the following questions. Be specific and number your answers to correspond with question numbers below.

1. Describe the health and safety need addressed by your proposal and how you identified this need. If there was a change that precipitated this need, describe that change.
2. Describe the proposed delivery methods for the project (online course, workshop, train-the-trainer, teleconference, curriculum development) and basis for selecting the delivery methods.
3. If the program includes a training component, please provide a Course Outline. You may attach additional sheets as necessary.
4. Describe how this project will benefit employees and your agency.
5. Describe the actions and steps your agency will take to reinforce this project in the workplace.
6. Describe how you will communicate to eligible employees the availability of the project or training.
7. Describe how you will recruit and select participants.
8. Describe how the project will be evaluated. You are required to go beyond a participant satisfaction survey to include measurements such as pre-tests, post-tests and post-learning surveys of participants, supervisors, or agencies.
9. Describe the agency's contribution to this project, including space, material duplication, subject matter expertise, travel and release time, etc.
10. Describe any additional information you would like to be considered in reviewing this application.
11. Describe costs associated with the grant.

# Safety and Health Initiatives Program Application

## Part C: Project Budget

Please list all costs within the four budget categories. Attach additional sheets if necessary.

1. Personnel: Includes fees for consultants, and workshop presenters, along with any consultant travel, lodging, and meals (NYS does not cover lunches). Include per day fee, where it applies.

**Example:** Workshop Presenter Fee: \$800 per day x 2 days = \$1,600.

Consultant Fees: \$ \_\_\_\_\_

Workshop Presenter Fees: \$ \_\_\_\_\_

Consultant Travel: \$ \_\_\_\_\_

Consultant Lodging: \$ \_\_\_\_\_

Consultant Meals: \$ \_\_\_\_\_

Other (Specify): \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**a. Subtotal (personnel)**

\$ \_\_\_\_\_

2. Materials and Supplies: Includes workshop materials and handouts, printing, film or video rental, and postage for publicity mailings. Specify quantities where appropriate.

**Example:** Printing: 0.10 per page x 100 pages = \$10.

Workshop Materials: \$ \_\_\_\_\_

Printing: \$ \_\_\_\_\_

Film or Video Rental: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Other (Specify): \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**b. Subtotal (materials/supplies)**

\$ \_\_\_\_\_

# Safety and Health Initiatives Program Application

## Part C: Project Budget (continued)

3. Facilities: Includes audio visual equipment and room rentals (rate per day). State space should be used if available.

**Example:** Room Rental: \$600 per day x 3 days = \$1800.

Equipment Rental:	\$ _____
Room Rental (include rate per day):	\$ _____
Other (Specify): _____	\$ _____
_____	\$ _____
<b>c. Subtotal (Facilities)</b>	<b>\$ _____</b>

4. Specify items that do not fit into the above categories.

Item 1: _____	\$ _____
Item 2: _____	\$ _____
Item 3: _____	\$ _____
Item 4: _____	\$ _____
<b>d. Subtotal(Other)</b>	<b>\$ _____</b>

## Total Funding Requested From All Categories:

<b>a. Subtotal (personnel)</b>	<b>\$ _____</b>
<b>b. Subtotal (materials/supplies)</b>	<b>\$ _____</b>
<b>c. Subtotal (Facilities)</b>	<b>\$ _____</b>
<b>d. Subtotal (Other)</b>	<b>\$ _____</b>

**TOTAL FUNDING REQUESTED** (*add amount requested in all categories*): \$ \_\_\_\_\_

**COST PER PARTICIPANT** (*total cost/ number of participants*) \$ \_\_\_\_\_

# Safety and Health Initiatives Program Application

## Part D: Project Overview

1. If there is a vendor that you would like to be considered, provide the name, qualifications, resume or curricula vitae, and contact information for that vendor.

2. List the addresses where the project will be delivered, including city and facility.

3. What is the preferred delivery method? (check one)

Online course ☐      Workshop ☐      Train-the-trainer ☐      Other (specify) ☐ \_\_\_\_\_

4. What is the proposed duration for this project? (half-day; full-day; etc.)

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5. Additional comments: