

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 QWL@pbanys.org.

Grant Information		Grant Number (For OER use only)
Agency		
Campus/Region/Zone		
QWL Grant – Break/Lunch Room Improvement	Number of PBANYS- represented employees in each Division who will benefit from this grant	
Project Coordinator		
<input type="checkbox"/> Management Representative <input type="checkbox"/> PBANYS Association Director <input type="checkbox"/> Other (specify below)		
Name		
Title		
Address		
Phone		
Fax		
Email		



Quality of Work Life (QWL) Grants Program Application

Part A – Applicant Information

Labor-Management Contact Information			
Management Representative (Must be HR or personnel director, training director, facility director, or equivalent)		PBANYS Association Director	
Name		Name	
Title		PBANYS Association	
Address		Address	
Phone		Phone	
Email		Email	
<p>By signing and submitting this application, the management representative and the PBANYS Association Director 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 PBANYS Association Director will be involved in all aspects of project implementation and evaluation throughout the process. 			
Management Representative Signature		PBANYS Association Director Signature	
Date		Date	

Quality of Work Life (QWL) Grants Program Application
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 PBANYS-represented NYS employees and your agency/Campus/Region/Zone.

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.

**Quality of Work Life (QWL) Grants Program Application
Part C – Budget Worksheets**

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.

Grant Request				
Item Description (item, size, and location it will be used)	Quantity	Cost Per Item	Total Cost	# of PBANYS members to benefit
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total Amount of Grant Request				\$



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**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.	
Name	
Title	
Address	
Phone	Fax
Email	