



Quality of Work Life (QWL) Grant Program

Instructions: This fillable form may be completed electronically. Left click on the text field to complete the form by typing your text. Once the form is completed, please print, and obtain the required signatures. You may also print a blank form and complete it by hand. Scan the completed form and email it to pbaadmin@pbanys.org.

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:

Campus/Region/Zone:

QWL Grant – Break/Lunchroom Improvement

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

Project Coordinator

Management Representative
(specify below)

PBANYS Association Director

Other

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:

PBANYS Association Director

Name:

PBANYS Association:

Address:

Phone:

Email:

By signing and submitting this application, the management representative and the PBANYS Association Director 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 PBANYS Association Director will be involved in all aspects of project implementation and evaluation throughout the process.

Management Representative Signature:

Date:

PBANYS Association Director 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 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.

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.

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

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: