

Labor-Management Nursing Grant Program for PEF-represented Nurses

**Guidelines and Application
Updated October 2014**



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**Labor-Management Nursing Grant Program
for
PEF-represented Nurses**

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Labor-Management Nursing Grant Program for PEF-represented Nurses

Program Guidelines

A. Purpose

The Labor-Management Nursing (LMN) Grant Program is funded by Article 15.6 of the 2011-2015 negotiated agreement between the State of New York and the Public Employees Federation (PEF), AFL-CIO, and administered by the Governor's Office of Employee Relations (GOER). Oversight is provided by the Professional Development Committee (PDC), comprised of representatives from GOER and the Public Employees Federation (PEF). The program expires on March 31, 2015.

The LMN Program promotes labor and management cooperation by providing an opportunity to develop mutually beneficial projects to address education and training needs of Professional, Scientific and Technical Services (PS&T) Unit employees. LMN project proposals must have the support of both labor and management, and proposals should reflect PS&T Unit employees' education or training needs. All grant requests are subject to available funding.

LMN grants are competitive. Preference will be given to grant proposals that:

- encourage a proactive response to changes in agency mission or goals ;
- respond to employment trends and provide training for nurses in emerging job titles;
- strengthen labor-management communications and processes.
- Improve patient care.

B. Program Overview and Highlights

- The PDC reviews and makes final decisions on all proposals.
- LMN Grant Program is subject to funding availability.
- Proposals must have joint support of labor and management representatives.
- Applicants may request up to \$50,000 per grant.
- Applications are due on November 14, 2014.
- Projects must be completed by March 1, 2015.
- This program expires on March 31, 2015.
- Reimbursement request invoices and support documentation must be submitted before March 31, 2015.

C. Eligibility Criteria

Proposals will be evaluated in accordance with the following eligibility criteria:

1. The proposal addresses identified education or training needs of PEF-represented nurses that:
 - encourage a proactive response to changes in agency mission or goals.;
 - respond to state employment trends and provide training for nurses in emerging job titles; or
 - strengthen labor-management communications and processes.
 - Improve patient care.

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 proposal is cost-effective, as shown by the number of participants who will benefit or be trained, on-going use of the training, and overall impact of training on the agency.
6. 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.
7. 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; or
 - teach skills to prepare for both current and future workforce needs.

D. Funding and Submission Dates

The maximum funding level is \$50,000 per grant. There is no limit to the number of grant proposals an agency can submit, but if more than one application is submitted the agency must prioritize them. The LMN Grant Program is subject to available funding.

LMN Grant applications must be submitted and received by November 14, 2014 for the remainder of the program period. Please note that if the project proposal includes curriculum development, this process takes time. Please plan accordingly with realistic delivery dates.

E. How to Apply

1. Review these program guidelines carefully to ensure the project is eligible for a LMN grant.
2. Complete all four parts of the LMN Grant Program application:
 - Part A: Application Cover Sheet
 - Part B: Project Budget
 - Part C: Budget Narrative
 - Part D: Project Narrative
3. Obtain the required signatures of management and labor representatives.
4. Use a file name for grant documents that indicates it is a LMN Grant, the date, and agency. When submitting more than one application, please number the applications in priority order.
5. Submit the completed application to:

Linda Underwood, Program Manager
Labor-Management Nursing Grant Program
Governor's Office of Employee Relations
2 Empire State Plaza, 7th Floor
Albany, NY 12223-1250
Phone (518) 474-6772
Fax: (518) 474-8587
Linda.Underwood@goer.ny.gov

F. Grant Proposal Review and Notification

The project coordinator designated on the application cover sheet will be advised in writing of the PDC's determination. The determination will be one of the following:

- *Request Additional Information or Clarification* – a determination could not be made without additional information.
- *Conditional Approval* – approval will be granted if additional information is provided and/or specific modifications to the project are made.
- *Approval* – the proposed project can move forward in accordance with Section G of the Program Guidelines.
- *Referral* – the requested training can be provided through another program.
- *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.

G. Grant Expenditure and Reimbursement Guidelines

Grant proposals that are approved must comply with the following grant expenditure and reimbursement guidelines:

1. Agencies cannot expend grant funds before receiving formal approval in writing from the PDC.
2. Any changes to the project require approval by the PDC.
3. LMN grant funds are provided on a reimbursement basis. Reimbursement requests must be accompanied by original invoices and proof of payment.
4. Expenses are subject to the usual procurement guidelines of New York State in accordance with the *State Finance Law* and the rules and regulations of the Office of the State Comptroller.
5. LMN grant funds cannot be used to supplement or replace the salary of existing staff or to hire staff. In addition, grant funds cannot be used for equipment, travel, food, or lodging of program participants.
6. LMN grant funds 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.

In order to guarantee reimbursement, projects must be completed by March 1, 2015.

Please note that in order to be reimbursed, all paper work must be received by GOER before March 31, 2015.

H. General Guidelines and Requirements

Applicants should take these general guidelines and requirements into consideration in developing their LMN grant proposal:

1. GOER owns all curricula and materials developed through the LMN Grant Program. Express permission from GOER is required to use materials and curricula for purposes other than those described in the proposal.
2. *Within 30 days after project completion*, you are required to submit the following documentation to GOER where applicable:
 - Course attendance roster
 - Course agenda
 - Electronic and master copies of any curriculum, materials, or handouts
 - Completed evaluation results, beyond participant satisfaction survey
 - Any other documentation agreed to by the applicant and GOER

3. There is a limit of one project per application. However, applicants may submit more than one application. If applicants submit more than one application, the priority order must be designated on the application form.

I. Additional Information and Assistance

For additional information or assistance in completing your application, contact Linda Underwood, GOER's LMN Program Manager at Linda.Underwood@goer.ny.gov or (518) 474-6772 or Kim Loccisano from PEF, at kloccisano@pef.org or (518) 785-1900 extension 240.

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Program Application**

No application will be accepted after November 14, 2014. (See “Application Due Dates” in Section B of the Program Guidelines).

Submission Date: _____

Multiple Proposals: Although funding for more than one project may be requested, describe only one project per application. If you submit more than one application, please rank your projects using one (1) as highest priority, and indicate this project’s rank here: _____ .

Labor-Management Nursing Grant Program Guidelines and Application are available at:
http://www.goer.ny.gov/Forms/WODU/LMN_Grant_Guidelines_2011_2015.pdf

Part A. Application Cover Sheet

1. Agency/Facility Name: _____

2. Ward, Unit, or Division (if applicable): _____

3. Project Subject: _____

4. Project Description: _____

5. Total number of PEF-represented nurses participating: _____

6. Titles of targeted nurses: _____

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Part A. Application Cover Sheet (continued)

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

Name: _____ Title: _____

Address: _____

Phone: () _____ Fax: () _____

Email: _____

8. **Labor-Management Contact Information:** By submitting this application, the agency/facility management and PEF representatives named below certify that all information contained in this application is accurate and complete and that development of this proposal has been a joint collaboration.

Management Representative

PEF Representative

Name: _____

Name: _____

Title: _____

PEF Division: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

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Part B: Project Budget

Please list all costs within the four budget categories. Attach additional sheets if necessary. Do not leave any category blank. Indicate no expense with N/A or a zero.

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 applicable.

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): _____	\$	
_____	\$	
Total Cost (Personnel)	\$	
Agency Contribution (subtract)	\$	
Other Support (subtract)	\$	
Requested Grant Funding	\$	

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): _____	\$	
_____	\$	
Total Cost (Materials/Supplies)	\$	
Agency Contribution (subtract)	\$	
Other Support (subtract)	\$	
Requested Grant Funding	\$	

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Part B: Project Budget (continued)

3. **Facilities** includes AV equipment and room rentals (rate per day). State space should be used if available.
Example Room Rental: \$600 per day x 3 days = \$1800. Please value state space and include it as agency contribution, if applicable.

Equipment Rental:	\$ _____
Room Rental (include rate per day):	\$ _____
Other (Specify): _____	\$ _____
_____	\$ _____
Total Cost (Facilities)	\$ _____
Agency Contribution (subtract)	\$ _____
Other Support (subtract)	\$ _____
Requested Grant Funding	\$ _____

4. **Other Expenses:** Specify items that do not fit into the above categories. Include participant release time as agency contribution, if applicable.

Item 1: _____	\$ _____
Item 2: _____	\$ _____
Item 3: _____	\$ _____
Item 4: _____	\$ _____
Total Cost (Other)	\$ _____
Agency Contribution (subtract)	\$ _____
Other Support (subtract)	\$ _____
Requested Grant Funding	\$ _____

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

NUMBER OF PARTICIPANTS _____

COST PER PARTICIPANT \$ _____

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Part C: Budget Narrative

Attach a typed narrative that answers the following questions. Be specific and include question numbers.

1. Provide a brief narrative description for each applicable budget category from Program Application Part B: Project Budget (Personnel, Materials and Supplies, Facilities, and Other Expenses).
2. Provide a brief cost justification for each applicable budget category from Program Application Part B: Project Budget (Personnel, Materials and Supplies, Facilities, and Other Expenses).

Part D: Project Narrative

Attach a typed narrative that answers the following questions. Be specific and include question numbers.

1. Describe the education or training need 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 (e.g., online course, workshop, train-the-trainer session).
3. Describe how this project will benefit nurses and your agency.
4. Describe the actions and steps your agency will take to reinforce this project in the workplace.
5. Describe how you will publicize the project.
6. Describe how you will recruit and select participants.
7. Describe how the project will be evaluated. You are required to go beyond a participant satisfaction survey.
8. Describe your project implementation plan (e.g., timeline, reporting process).
9. Describe the agency's non-monetary contribution to this project, including space and release time.
10. Describe any additional information you would like considered during application review.

Please send completed application to:

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