

**Quality of Work Life/Equipment Replacement Grants Program (QWL/ERGP)
for
NYSCOPBA-represented Employees**

**Application Form
August 1, 2019 through March 31, 2023**

The QWL/ERGP is intended to provide local labor-management committees the opportunity to replace worn out, broken equipment originally purchased through the Quality of Work Life/Labor-Management Grants Program (QWL/LMGP).

To be used *only* when requesting funds to *replace* equipment that can be verified as originally purchased through the QWL/LMGP. If the NYS/NYSCOPBA Joint Labor-Management Committee (JLMC) cannot verify the original purchase, the proposal will be returned to the local committee for submittal as a new initiative on the QWL/LMGP Application (SSU-007).

This application must be discussed with your finance officer/facility steward prior to submittal. This person will be responsible for overseeing the purchase and processing payment.

Equipment purchased through the QWL/LMGP must fall under at least one of three categories: Health/Fitness, Break/Kitchen, QWL/TAC Equipment.

Examples of items eligible to be replaced under the grants program include microwave ovens, refrigerators, tables, chairs, and exercise equipment.

Application Submission

The QWL/ERGP Applications (SSU-008) must be complete and include:

- The quantity and size of items to be replaced.
- A description of the item to be replaced and reason for replacement.
- The intended location of the requested equipment.
- Vendor name (indicate if State contract vendor) and cost per unit.
- The total cost.

Applications must be submitted to the JLMC by any one of the following methods:

Mail

NYS/SSU JLMC
Attn: Sandy DeJohn
240 Washington Ave. Ext.
Suite 502
Albany, New York 12203

Email

SSUPrograms@lmc.ny.gov

JLMC Contact

Sandy DeJohn
(518) 485-0086
Sandy.DeJohn@lmc.ny.gov

QWL/ERGP Application Form
2019 - 2023
(Fillable)

Agency/Facility: _____

Facility Code: _____

Address: _____

Submission Date: _____

Date Received by SSUJLMC

- Grant Category:**
- Health/Fitness Equipment
 - Break/Kitchen Equipment
 - QWL/TAC Equipment

Equipment Purchase Request Detail

Instructions: Type or print a list of all items requested. 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.

| Quantity, Item and Size | Description, Reason for Replacement, (use additional paper if necessary) | Item/Equipment Location | Vendor Name or State Contract Vendor and Cost Per Unit | Total Cost |
|---|--|---------------------------|--|------------|
| <i>Example:</i> 2 Microwave Ovens 1.1 cu. ft. | Handle broken Plate missing | Break rooms A, B, C, D | Vendor 1 \$95.03 | \$156.20 |
| | | | Vendor 2 \$78.10 | |
| | | | Vendor 3 \$92.00 | |
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| Notes: | | | Total Cost | |

Required Authorization Signatures (Applications without all signatures will be returned.)

Finance Officer/Facility Steward

| | |
|-----------------------------|------------------|
| Name (Please Print or Type) | Telephone Number |
| Signature | Email Address |
| Date | |

Finance officer/facility steward certifies the necessity of replacing the equipment and that the proposed purchase is in line with the rules and regulations governing purchases and expenditures with state funds.

NYSCOPBA Chief Sector Steward

Management Representative

| | |
|---|---|
| Name & Title (PLEASE PRINT OR TYPE) | Name & Title (PLEASE PRINT OR TYPE) |
| Telephone Number | Telephone Number |
| Email Address | Email Address |
| Signature Date | Signature Date |

Project Coordinator

| | |
|-----------------------------|---------------|
| Name (PLEASE PRINT OR TYPE) | Email Address |
| Telephone Number | Date |

FOR OFFICE USE ONLY

| | | |
|------------------------------------|--|--|
| Items Previously Purchased: | | |
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| | | |
| Funds Approved: \$ | | |