

**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: Melissa Bombard
2 Empire State Plaza 7th Floor
Albany, New York 12223

Email

SSUPrograms@lmc.ny.gov

JLMC Contact

Melissa Bombard
(518) 474-6772
Melissa.Bombard@oer.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	
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:		
Funds Approved: \$		