

**NYS/NYSCOPBA
AGENCY-SPECIFIC GRANT PROGRAM
GUIDELINES FOR THE APRIL 30, 2009 AWARD**

PURPOSE

The purpose of the New York State/New York State Correctional Officers & Police Benevolent Association (NYSCOPBA) **Agency-Specific Grant Program** is to provide job-related education and training programs for state employees whose positions are assigned to the Security Services Unit (SSU) represented by NYSCOPBA.

FUNDING

The Agency-Specific Grant Program is funded by the April 30, 2009 Interest Arbitration Award and the negotiated agreement between the State and NYSCOPBA.

SUMMARY OF PROGRAM

The Agency-Specific Grant Program is intended to:

- encourage creative and imaginative training efforts at the agency level
- prepare agency employees to advance to more responsible positions
- retrain employees affected by organizational or technological change to meet new job requirements
- enable employees to participate in new state career programs
- assist NYSCOPBA-represented employees in meeting specific needs consistent with their agency/facility mission and to further their personal growth and development

PROGRAM DETAILS

- Agency-Specific Grant funds must be used only for the activity noted on the application form (SSU-006). Any deviation from the original request must be justified in writing and approved by the NYS/NYSCOPBA Labor-Management Committee.
- The start date of the training activity must occur during the fiscal year in which funds are requested. The State fiscal year begins on April 1 and ends on March 31.
- Agency-Specific Grant funds are subject to the usual purchasing practices of state agencies, the provisions of the State Finance Law, and the State Comptroller's Rules and Regulations governing purchasing and expenditures of state funds.
- Agency-Specific Grant Program requests must be endorsed by both labor and management throughout the entire grant process.
- The Agency-Specific Grant Request must indicate if an agency/facility intends to hire a state employee as a paid instructor or consultant for the proposed training program.
- In accordance with the State Comptroller's Rules and Regulations, any approved training activity which includes Personal Service expenditures must be completed by the end of the State's fiscal year, March 31.
- Agency-Specific Grant Funds are *not* generally available for the purchase of equipment or computer hardware.

AGENCY-SPECIFIC GRANT APPLICATION PROCESS

Agency-Specific Grant applications are accepted on an ongoing basis for as long as funds are available. Grant reviews and funding decisions will be completed as soon as practical. The application should be submitted at least two months before the start date for the proposed training.

1. Grant requests are submitted on application form SSU-006, NYS/NYSCOPBA Agency-Specific Grant Application Request for Training Funds.

2. Submit the application form SSU-006, plus two copies to the Agency/Facility Training Officer. The Training Officer will forward all copies to the NYS/NYSCOPBA Labor-Management Committee (LMC) for review and approval.
3. The NYS/NYSCOPBA LMC will assign a project number to each Agency-Specific Training Grant request.
 - a. This number will be indicated on the application form SSU-006. The project number will be used for all future reference to the training project.
 - b. One copy of the application form SSU-006 will be returned to the Agency/Facility Training Officer indicating the committee's recommendations and funding determination.
4. When a training activity request is approved for funding, the NYS/NYSCOPBA LMC will provide the financial information regarding access to the funds allocated to the project.
5. If information concerning the location, date, and time of any training project involving class instruction is not available when the grant application is submitted, this information must then be provided to the NYS/NYSCOPBA LMC upon approval.

NOTE: This information is necessary for an on-site program audit.

6. The NYS/NYSCOPBA LMC must be notified if all allocated Agency-Specific Grant funds are not spent on the proposed project.

Agency/Facility Responsibility for Approved Agency-Specific Grants

PROGRAM

All agency/facility project records pertaining to the Agency-Specific Grant Program are subject to audit and review by the NYS/NYSCOPBA LMC.

Agency/Facility responsibilities include:

1. maintaining financial records
2. reporting on project progress
3. absorbing the administrative and clerical costs associated with an approved training activity
4. instituting the necessary controls for achieving the stated training activity objective
5. designing and issuing certificates to participants who successfully complete the training program. To successfully complete a training program, the participant must be in attendance for at least 70 percent of the program.

NOTE: If certificates are issued they must include the project number and acknowledge that the NYS/NYSCOPBA LMC was a sponsor of the project.

FINAL REPORTS

At the conclusion of each Agency-Specific Training Activity, the agency/facility is responsible for submitting to the NYS/NYSCOPBA LMC:

1. one copy of the course outline and the training materials
2. if applicable, one copy of any audio or video training tapes developed
3. one copy of the Participant Register or Sign-in Sheet

NOTE: If the training activity was held for more than one session, attendance for all sessions must be marked.

4. expenditure information on all allocated Agency-Specific Grant funds
5. a final evaluation of the training activity.

SUBMIT GRANT APPLICATION PROPOSALS TO:

NYS/SSU Joint Labor-Management Committees
Attn: Jeanne Grebert
Corporate Plaza East, Suite 502
240 Washington Avenue Extension
Albany, NY 12203

Phone: (518) 457-9420
Fax: (518) 457-9445
Email: jgrebert@lmc.state.ny.us or
pmerola@lmc.state.ny.us

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APPLICATION FOR THE APRIL 30, 2009 AWARD**

Agency/Facility Information

Agency/Facility _____ Agency Code _____
 Department _____ Training Activity Coordinator _____
 Address _____ Phone Number _____
 _____ Email Address _____

Trainee Information

Job Title(s) and Salary Grade(s)	Number of Trainees
1.	
2.	
3.	
Total Trainees	

Costs Associated With Funds Requested

Item	Personal Service	Other Than Personal Service	Total Cost
Instructor Fees – State Employee Consultant Fees – Non-State Employee			
Materials			
Other – Attach Explanation			
Total Funds Requested			\$

Training Activity Information – use additional paper if necessary

Proposed Training Activity Title _____ Training Location _____
 Training Organization _____ Total Class Hours _____
 Begin Date _____ End Date _____ Name of Instructor _____
 Training Activity Objectives _____

 Training Activity Description _____

 Description of Evaluation Process _____

Signatures

Union Representative	Management Representative	Central Office Training Officer
_____	_____	_____
Name _____ Date _____	Name _____ Date _____	Name _____ Date _____
Phone _____	Phone _____	Phone _____
Email Address _____	Email Address _____	Email Address _____

NYS/NYSCOPBA LMC Office Use Only	
Approved _____ Disapproved _____ Withdrawn _____	Project Number _____ Amount Approved _____
P.S. _____ Other Than P.S. _____	Total _____
Project Cost Center _____	Date Funds Available _____