

NYS/NYSCOPBA Joint Labor-Management Committee
Equipment Replacement Grants
Guidelines for the April 30, 2009 Award Period

The Equipment Replacement Grants Program (ERGP) is administered by the NYS/NYSCOPBA Joint Labor-Management Committee (JLMC). The Program is intended to provide local labor-management committees the opportunity to replace worn out, broken equipment *originally purchased* through the Labor-Management (L-M) Grants Program. Applications will be accepted on a continual basis as long as program funds are available.

The Equipment Replacement Grants Application (SSU-008) is to be used only when requesting funds to replace equipment originally purchased through the L-M Grants Program. Equipment to be replaced must fall into one of three categories: A.) Health/Fitness, B.) Break/Kitchen, or C.) Quality of Work Life/Training Activity Center (QWL/TAC) Equipment. Examples of items eligible to be replaced under the ERGP include microwave ovens, refrigerators, tables, chairs, and exercise equipment.

To be approved for funding under the ERGP, verification must exist that the item requested for replacement was originally funded through the L-M Grants Program. If the JLMC cannot verify the original purchase, the proposal will be returned to the local committee for submittal on the L-M Grants Application. *Following approval, any change to the project as described in the original grant proposal application requires approval of the NYS/NYSCOPBA Joint Labor-Management Committee.*

Proposals for new initiatives must be submitted on the L-M Grants Application (SSU-007). Questions concerning the paperwork should be directed to Jeanne Grebert, NYS/NYSCOPBA JLMC at (518) 457-9420 or jgrebert@lmc.state.ny.us.

INSTRUCTIONS

APPLICATION MUST BE COMPLETE AND INCLUDE:

- A.) The **quantity and size** of items to be replaced.
- B.) **A description of the item** to be replaced and **reason for replacement**. Example: Refrigerator/freezer, 6.0 cu. ft. under-counter, manual defrost, single-door freezer. Door is off hinges and does not stay closed without tape. The replacement item must be comparable to the original.
- C.) The intended **location** of the requested equipment.
- D.) Vendor name (indicate if state contract vendor) and cost per unit.
- E.) Total cost.

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

The items most frequently requested through the L-M Grants and Equipment Replacement Grants Programs are listed below. The JLMC has established *Recommended Funding* Limits on these items. Please keep the guidelines and recommended funding limits in mind when making your equipment requests.

<u>Item</u>	<u>Recommended Funding</u>
Coffee Maker - 12 cup	Up to \$25
Commercial Coffee Maker	Up to \$200
Microwave Ovens	Up to \$75
Large Microwave Oven	Up to \$135
Mini Refrigerator	Up to \$77
Medium Refrigerator	Up to \$135
Full-Size Refrigerator	Up to \$425
Treadmill	Up to \$2,000
Elliptical	Up to \$1,500
Universal Gym	Up to \$2,000
Air Conditioners (QWL/TAC)	Up to \$300
Gas Grills (outdoor)	Up to \$300
Stationary Bikes	Up to \$525
Toaster Oven	Up to \$45
Weight Bench	Up to \$165

The JLMC requires a minimum of three vendor quotes for each item requested.

Purchases made with grant funds are subject to compliance with the Office of General Services, the Office of State Comptroller, and the NYS Procurement Council’s rules, regulations, and pertinent laws, and the internal control system of each agency. Requirements may vary depending on the type and amount of the purchase.

If any item requested will be purchased from a state contractor include the P-Contract number. If the item can be purchased for a better price on the open market using appropriate bidding procedures, the item does not need to be purchased from the state contract.

The 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 with funding codes provided by the LMC.

Following approval, any change to the project as described in the original grant proposal application requires approval of the NYS/NYSCOPBA Joint Labor-Management Committee.

**NYS/NYSCOPBA Joint Labor-Management Committee
Equipment Replacement Grants Application**

1. Agency/Facility Name: _____
 Address: _____

2. Indicate Grant Category:
 A.) ___ Health/Fitness Equipment B.) ___ Break/Kitchen Equipment C.) ___ QWL/TAC Equipment

A. Quantity, Item and Size	B. Description, Reason for Replacement, (use additional paper if necessary)	C. Item/Equipment Location	D. Vendor Name or State Contract Vendor and Cost Per Unit	Total Cost
<i>Example:</i> 2 Microwave Ovens, 1.1. cu ft	Light busted, handle broken and plate missing	Break rooms	Vendor 1 69.00 Vendor 2 86.00 Vendor 3 73.00	138.00
Notes:			Total Cost	

Signatures on Back – Applications Without All Signatures Will Be Returned

Required Authorization Signatures:

Finance Officer/Facility Steward:

Name (Please Print)

Phone

Signature

Date

Email Address

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:

Name & Title (Please Print)

Phone

Email Address

Signature

Date

Management Representative:

Name & Title (Please Print)

Phone

Email Address

Signature

Date

Project Coordinator Name:

Name (Please Print)

Phone

Email Address

For Office use only:

Project No. _____ Previous Project No. _____ Date Originally Purchased _____

Items purchased _____

Funds Approved \$ _____ Cost Center Code _____