

**NYS/NYSCOPBA
Joint Labor-Management Committee**

Grant Proposal Application Form

1. Indicate Grant Category:

- | | |
|--|---|
| <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Pilot/Experimental |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Miscellaneous Projects |
| <input type="checkbox"/> Break/Kitchen Equipment | |

2. Agency/Facility Information

Agency/Facility Name: _____

Address: _____

3. NYSCOPBA Chief Sector Steward:

4. Management Representative:

Name (Please Print)

Name (Please Print)

Sector Name

Title

Work Address

Work Address

Phone

Phone

5. Agency/Facility Fiscal Officer:

Name & Title (Please Print)

Phone

6. Funds Requested: \$ _____

7. Required Authorization Signatures:

NYSCOPBA Chief Sector Steward:

Management Representative:

Signature

Date

Signature

Date

**For Equipment Purchases,
Complete the Following Information**

	Equipment Location	Equipment Type	Quantity	Cost Per Item	Total Cost
Total Funds Requested					

Comments: _____

Include State Contract Number for equipment.
If item is not available on State contract, include two local vendor bids or cost estimates for equipment listed above.