



**NYS Employee Assistance Program
Grant Application**

2010-2011

Applicant Name: _____

Agency/Facility: _____

Address: _____

City/Zip: _____

Telephone: _____ Email: _____

Fiscal Officer Name: _____

Agency/Facility: _____

Address: _____

City/Zip: _____

Telephone: _____ Email: _____

Purpose of Grant: Health/Wellness Promotional

In the space below, please provide a brief description of the services or materials you are requesting. Please refer to the NYS EAP Grant Program guidelines for additional information. If you are applying for a grant for an EAP Health and Wellness program, please include the name, program description, dates and location of the program, and the number of anticipated participants.

Note: supporting documentation of services or materials must be included with the grant application.

Amount Requested: _____

Supplemental Funds: _____

(Applicants are encouraged, but not required, to seek supplemental funds and in-kind support)

SIGNATURES REQUIRED – PLEASE SEE PAGE 2



NYS Employee Assistance Program Grant Application (Cont)

2010-2011

EAP COMMITTEE CHAIRPERSON: Your signature acknowledges your EAP committee has approved this application for a NYS EAP grant. After your application has been approved, you will receive an approval letter from the EAP main office and you may proceed with your purchase. If your request is denied, you will receive a letter explaining the reasons for the denial. You may be asked to submit additional information for further consideration of your request.

FISCAL OFFICER: Your signature acknowledges your office will oversee spending of the approved funds and that your agency/facility is willing to pay the approved amount and be reimbursed by EAP through a Journal Voucher Transfer. The acceptance letter will outline the process used for payment.

EAP REGIONAL REPRESENTATIVE: Your signature acknowledges you have reviewed this grant application and the request for funding meets the NYS EAP grant guidelines.

SIGNATURES:

DATE:

EAP Chairperson:

Fiscal Officer:

EAP Regional Representative:

EAP Program Manager:
