



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

Campus Grants Program Application

This application must be completed for consideration for the Campus Grants Program. Prior to completing this application, review the guidelines for the Program and read the Application [Instructions](#). Prior to filling out this application, save it to your files. After filling out this application form, print it, obtain the required signatures and submit it, with all attachments, as directed at the bottom of the form. Be advised that an incomplete application will not be considered.

PART A: APPLICANT INFORMATION

Name _____ Title/Rank _____

Email _____ Work Phone _____

Division/Program/Department _____

Work Address _____

Campus _____

Indicate the number of UUP-represented employees participating in this project or activity from each campus.

Campus _____

Professional ___ Full-time ___ Part-time
Academic ___ Full-time ___ Part-time

Campus _____

Professional ___ Full-time ___ Part-time
Academic ___ Full-time ___ Part-time

Campus _____

Professional ___ Full-time ___ Part-time
Academic ___ Full-time ___ Part-time

Campus _____

Professional ___ Full-time ___ Part-time
Academic ___ Full-time ___ Part-time

PART B: PROPOSAL INFORMATION

1. Dates of proposed project/activity: From: _____ To: _____

2. A. Project/Activity Title: _____

2. B. Briefly describe the proposed project/activity and its job relatedness in 250 words or fewer.

PART C: BUDGET SUMMARY

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. All expenditures must be itemized and justified.

A separate Budget Summary must be completed for each semester for which funding is being requested.

Semester Date: From: _____ To: _____

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
1. Travel and Related Expenses. Include a separate entry for each trip.			
A. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Transportation Mode _____ Amount _____ Location: From: _____ To: _____ _____			
B. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____			

Transportation Mode _____ Amount _____ Location: From: _____ To: _____ <hr/> C. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Transportation Mode _____ Amount _____ Location: From: _____ To: _____			
2. Tuition (at SUNY rate). Specify Institution: _____ No. of Credits: _____ Amount: _____			
3. Registration fees for conferences, seminars, or workshops. Specify. Name of event: _____ Fee Amount: _____			
4. Replacement Salary: _____ Amount: _____			
5. Other Expenses: Describe and Specify ** Description: _____ Amount: _____			
TOTAL REQUESTED			

*Identify Other Sources:

**Justification for Other Expenses:

THIS APPLICATION WILL NOT BE PROCESSED UNLESS THERE IS A MINIMUM 40% CAMPUS CONTRIBUTION

PART D: REQUIRED ATTACHMENTS

All required attachments listed below must be submitted with the application.

___ A proposed project or activity described under Eligibility.

- ___ A detailed statement from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the cost of the project or activity. NYS/UUP Joint Labor-Management Committees' funds that have been awarded to the campus should not be included as part of the campus's contribution.
- ___ A letter of endorsement by the campus president or designee and the UUP chapter president.
- ___ A list of the UUP-represented employees participating in the project or activity.

ACKNOWLEDGEMENT AND SIGNATURES

___ I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Campus Grants Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the New York State Comptroller's Rules and Regulations. I understand that any changes to this project or activity must be approved by the Campus Grants Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

Applicants Signature Date: _____

Campus President/Designee Signature Date: _____
Title

Campus President/Designee (PLEASE PRINT)

UUP Chapter President Signature Date: _____

UUP Chapter President (PLEASE PRINT)

Submit completed applications and all required attachments pursuant to the deadline date specified in the program guidelines to:

NYS/UUP Joint Labor-Management Committees
 2 Empire State Plaza, 13th Floor
 Albany, New York 12223
 Phone: 518.486.4666 FAX: 518.486.9220
 Email: nysuuplmc@goer.ny.gov

The New York State/United University Professions Joint Labor-Management Committees do not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its program activities. Reasonable accommodation will be provided on request.