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

Individual Development Award Program Application

This application must be completed for consideration for the Individual Development Award 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 _____

Professional ___Full-time ___Part-time

Academic ___Full-time ___Part-time

PART B: PROPOSAL INFORMATION

1. Date of proposed project or activity: From: _____ To: _____

2. A. Project or Activity Title: _____

2. B. Briefly describe the proposed project or 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** $0.00 _____ **Dates: From:_____ To:_____** **Location:_____**			$0.00
Meals: Amt./Day _____No. of Days _____Total $0.00 _____ **Dates: From:_____ To:_____** **Location: _____**			$0.00
Transportation Mode_____ Amount_____ **Location: From:_____ To: _____**			$0.00
B. **Lodging: Amt./Day _____No. of Days _____Total** $0.00 _____ **Dates: From:_____ To:_____** **Location:_____**			$0.00
Meals: Amt./Day _____No. of Days _____Total $0.00 _____ **Dates: From:_____ To:_____** **Location: _____**			$0.00
Transportation Mode_____ Amount_____ **Location: From:_____ To: _____**			$0.00
C. **Lodging: Amt./Day _____No. of Days _____Total** $0.00 _____ **Dates: From:_____ To:_____** **Location:_____**			$0.00
Meals: Amt./Day _____No. of Days _____Total $0.00 _____ **Dates: From:_____ To:_____** **Location: _____**			$0.00
Transportation Mode_____ Amount_____ **Location: From:_____ To: _____**			$0.00

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
2. Tuition (at SUNY rate). Specify **Institution: _____** **No. of Credits:_____ Amount:_____**			$0.00
3. Registration fees for conferences, seminars, or workshops. Specify. **Name of event:_____** **Fee Amount:_____**			$0.00
4. Other Expenses: Describe and Specify ** **Description: _____** **Amount: _____**			$0.00
TOTAL REQUESTED	$0.00	$0.00	$0.00

Identify Other Sources:

Campus Contribution: 0.00%

**Justification for Other Expenses:

PART D: REQUIRED ATTACHMENTS

All required attachments listed below must be submitted with the application

☐ A description of the proposed project or activity including:

- Type of event, event site, and sponsor.
- Whether the employee is presenting a paper or formally participating. If presenting a paper, the title of the paper and nature of the presentation must be provided.
- A letter of acceptance of the paper being presented or other proposal. If acceptance is pending, the Campus Professional Development Committee should be notified of its receipt as soon as possible.
- How this project or activity will further the employee's professional development or otherwise assist in preparing for advancement

☐ An updated brief curriculum vitae.

☐ A brochure, announcement, or other relevant material describing the project or activity. If material is not yet available, information should be sent as soon as possible.

ACKNOWLEDGEMENT AND SIGNATURE

☐ I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Professional Development 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 Professional Development Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

_____ Date: _____

Applicants Signature

DO NOT SUBMIT YOUR APPLICATION TO THE NYS/UUP JLMC STAFF.

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

Campus Professional Development Committee

For information on where to submit this application, contact the UUP Chapter President or Human Resources Department on campus.

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.