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

Professional Development Grant Program Application

This application must be completed for consideration for the Professional Development Grant 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: _____

B. Briefly describe the proposed project/activity and it 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

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
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
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

Campus Contribution: 0.00%

*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 description of the proposed project or activity described under Eligibility.

☐ A brochure, announcement, or other relevant material describing the project or activity.

☐ An updated brief curriculum vitae for each employee.

☐ A list of employees who are participating in the project or activity. If they are employed at more than one campus, also include the campus.

☐ A letter of endorsement from the campus president or designee and UUP chapter president.

☐ A detailed statement from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the cost. 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.

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 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

_____ Date: _____
Campus President/Designee Signature Title

_____
Campus President/Designee (PLEASE PRINT)

_____ Date: _____
UUP Chapter President Signature

_____
UUP Chapter President (PLEASE PRINT)

Submit completed application 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.