



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

## Program Evaluation

This evaluation must be submitted within 30 days after completion of each project or activity. Failure to submit a timely Program Evaluation may result in your being ineligible for future funding from NYS/UUP Joint Labor-Management Committees programs.

**Name of program that funded your project or activity:**

\_\_\_\_\_

### PART A: APPLICANT INFORMATION

Name \_\_\_\_\_ Title/Rank \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Division/Program/Department \_\_\_\_\_

Work Address \_\_\_\_\_

Campus \_\_\_\_\_

### PART B: PROPOSAL INFORMATION

1. Dates of project or activity: From: \_\_\_\_\_ To: \_\_\_\_\_

2. a. Project or Activity Title: \_\_\_\_\_

b. Briefly describe the project or activity and its job relatedness in 250 words or fewer.

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## PART C: PROJECT OR ACTIVITY EVALUATION

1. Were your project or activity objectives achieved?  Yes  No
2. Describe the outcome of your project or activity including its impact on the campus and other employees, its successes and how it could have been improved in 250 words or fewer.

3. Describe how this project or activity contributed to the professional development or preparation for career advancement of the participant(s) in 250 words or fewer.

4. Describe how this project or activity would be of benefit to other employees and campuses in 250 words or fewer.

5. Budget Summary: NYS/UUP JLMC Funds: \_\_\_\_\_ Amount Awarded \_\_\_\_\_ Amount Spent

6. Are you willing to be contacted about this project or activity by others?  Yes  No

7. Program Delivery:

How did you learn about NYS/UUP JLMC funded programs:

- NYS/UUP JLMC Website
- NYS/UUP Agreement
- UUP Voice
- Campus Human Resources
- UUP Chapter
- Other (Specify) \_\_\_\_\_

8. Provide comments and recommendations in 250 words or fewer including but not limited to: information related to the programs, application process, responsiveness of NYS/UUP JLMC staff, how information is disseminated and types of programs that are currently not offered.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

Submit completed Program Evaluation 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](mailto: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.*