



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 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: _____			

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
Transportation Mode _____ Amount _____ Location: From: _____ To: _____ _____ 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. 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 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.

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

NYS/UUP Joint Labor-Management Committees

Agency Building 2, 8th Floor

Empire State Plaza

Albany, NY 12223

Phone: 518.486.4666 FAX: 518.486.9220

Email: nysuuplmc@oer.ny.gov

It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.