

# 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, read the Individual Development Award <a href="Program Guidelines">Program Guidelines</a> and review the Application <a href="Instructions">Instructions</a>. Before 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			
Email	Work Phone		
Division/Program/Department			
Work Address			
Campus			
Professional Academic	Full-time Part-time		
PART B: PROPOSAL INFORMATION			
Date of proposed project or activity: From:	To:		
2. B. Briefly describe the proposed project or activi	ity and its job relatedness in 250 words or fewer.		

#### **PART C: BUDGET SUMMARY**

Location: From:\_\_\_\_\_\_ To: \_\_\_\_

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. The total NYS/UUP JLMC funds for your expenditures are calculated for you. All expenditures must be itemized and justified below. If you received additional funding, please list the amount in the Campus Contribution (reimbursement from department) or Other Sources\* (personal funds, award, grant, etc.). Employees may be funded for up to two projects or activities, not to exceed a total of \$2,000 for the period of July 2, 2021 to July 1, 2022. A separate Budget Summary must be completed for each project or activity for which funding is being requested.

Project/activity date(s):	From:		To:			
			Amount Requested From			
	Expenditure	S		Campus Contribution	Other Sources*	NYS/UUP JLMC
1. Travel and Related Exp	enses. Include a se	parate entry f	or 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		Amour	nt			
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		Amour	nt			
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		Amour	nt			

	Amount Requested From		
Expenditures	Campus Contribution	Other Sources*	NYS/UUP JLMC
2. Tuition (at SUNY rate). Specify			525
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:			
PART D: REQUIRED ATTACHMENTS			
All required attachments listed below must be submitted with the app	olication		
A description of the proposed project or activity including:			
<ul> <li>Type of event, event site, and sponsor.</li> <li>Whether the employee is presenting a paper or formally title of the paper and nature of the presentation must be presented or other campus Professional Development Committee should be an entire project or activity will further the employee's professional preparing for advancement</li> </ul>	provided. er proposal. If ac notified of its rec	ceptance is eipt as soon	pending, the as possible.
An updated brief curriculum vitae.			
A brochure, announcement, or other relevant material descri not yet available, information should be sent as soon as possib		or activity. I	f material is

#### **ACKNOWLEDGEMENT AND SIGNATURE**

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

	Date:
Applicant 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 Individual Development Award Program Guidelines to:

## **Campus Professional Development Committee**

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

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, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, sexual harassment, disability, predisposing genetic characteristics, familial status, marital status or status as a victim of domestic violence, pregnancy-related conditions, prior arrest records, youthful offender adjudications and sealed conviction records, and previous conviction records and any other status or condition protected by law.