



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

Enrollment Enhancement Program Application

This application must be completed for consideration for the Enrollment Enhancement 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.

A. Professional ___ Full-time ___ Part-time

B. Academic ___ Full-time ___ Part-time

PART B: PROPOSAL INFORMATION

1. Dates of proposed project/activity: From: _____ To: _____

2. A. Project/Activity Title: _____

2. 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.			
<p>A. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Transportation Mode _____ Amount _____ Location: From: _____ To: _____</p> <hr/> <p>B. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Transportation Mode _____ Amount _____ Location: From: _____ To: _____</p> <hr/> <p>C. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Transportation Mode _____ Amount _____ Location: From: _____ To: _____</p>			

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
2. Replacement Salary: _____ Amount: _____			
3. 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 proposed project or activity described under Eligibility.
- ___ A chart demonstrating declining enrollment over a period of three years or longer.
- ___ A letter from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the total project or activity expenses. 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.
- ___ Letter of endorsement by campus president or designee and UUP chapter president.
- ___ A list of the UUP-represented employees participating in the project or activity.

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 Employment 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 Employment 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

_____ Date: _____
Campus President/Designee (PLEASE PRINT)

_____ Date: _____
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
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.