



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

**GRANTS FOR EMPLOYEES WITH DISABILITIES**

This application must be completed for consideration for the Grants for Employees with Disabilities 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 \_\_\_\_\_

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: \_\_\_\_\_

2. 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
<b>1. Travel and Related Expenses. Include a separate entry for each trip.</b>			
<b>A.</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 _____ Amount _____ Location: From: _____ To: _____  <hr/> <b>B</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 _____ Amount _____ Location: From: _____ To: _____  <hr/> <b>C.</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 _____ Amount _____ Location: From: _____ To: _____			

<b>2. Registration fees for conferences, seminars, or workshops. Specify.</b> Name of event: _____ Fee Amount: _____			
<b>3. Other Expenses: Describe and Specify **</b> Description: _____ Amount: _____			
<b>TOTAL REQUESTED</b>			

\*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 expenditures to be incurred to complete the project or activity, including but not limited to the following:

- Extraordinary work-related travel expenses necessary because of the disability (this does not include travel to and from work place)
- A professional reader or an off-campus interpreter
- Specialized secretarial assistance.

\_\_\_ A letter of endorsement by the campus president or designee and UUP chapter president.

\_\_\_ A letter from a 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 Committee's funds that have been awarded to the campus should not be included as part of the campus contribution.

\_\_\_ A brief description of the disability, job duties, and funding need.

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**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 Affirmative Action/Diversity 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 Affirmative Action/Diversity 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 Title

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

\_\_\_\_\_  
Campus President/Designee (PLEASE PRINT)

\_\_\_\_\_  
UUP Chapter President Signature

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

\_\_\_\_\_  
UUP Chapter President (PLEASE PRINT)

Submit completed applications 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](mailto:nysuuplmc@goer.ny.gov)