



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, 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. Date of proposed project or activity:                      From: \_\_\_\_\_      To: \_\_\_\_\_

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

2. B. Briefly describe the proposed project or 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
<b>1. Travel and Related Expenses. Include a separate entry for each trip.</b>			
<p><b>A.</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><b>B.</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><b>C.</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>			

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
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: _____			
<b>TOTAL REQUESTED</b>			

Identify Other Sources:

\*\*Justification for Other Expenses:

**PART D: REQUIRED ATTACHMENTS**

All required attachments listed below must be submitted with the application

\_\_\_ A description of the proposed project or activity including:

- Type of event, event site, and sponsor.
- Whether the employee is presenting a paper or formally participating. If presenting a paper, the title of the paper and nature of the presentation must be provided.
- A letter of acceptance of the paper being presented or other proposal. If acceptance is pending, the Campus Professional Development Committee should be notified of its receipt as soon as possible.
- How this project or activity will further the employee's professional development or otherwise assist in preparing for advancement

\_\_\_ An updated brief curriculum vitae.

\_\_\_ A brochure, announcement, or other relevant material describing the project or activity. If material is not yet available, information should be sent as soon as possible.

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## ACKNOWLEDGEMENT AND SIGNATURE

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: \_\_\_\_\_

**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 program guidelines to:

**Campus Professional Development Committee**

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

*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.*