



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

**Campus Grants Program Application**

This application must be completed for consideration for the Campus Grants 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: \_\_\_\_\_

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 |
| <b>1. Travel and Related Expenses. Include a separate entry for each trip.</b>  |                       |                |              |
| <b>A.</b><br>Lodging: Amt./Day _____ No. of Days _____ Total _____<br>Dates: From: _____ To: _____<br>Location: _____<br><br>Meals: Amt./Day _____ No. of Days _____ Total _____<br>Dates: From: _____ To: _____<br>Location: _____<br><br>Transportation Mode _____ Amount _____<br>Location: From: _____ To: _____<br>_____ |                       |                |              |
| <b>B.</b><br>Lodging: Amt./Day _____ No. of Days _____ Total _____<br>Dates: From: _____ To: _____<br>Location: _____<br><br>Meals: Amt./Day _____ No. of Days _____ Total _____<br>Dates: From: _____ To: _____<br>Location: _____   |                       |                |              |

|  |  |  |  |
|--|--|--|--|
| Transportation Mode _____ Amount _____<br>Location: From: _____ To: _____<br><hr/> C.<br>Lodging: Amt./Day _____ No. of Days _____ Total _____<br>Dates: From: _____ To: _____<br>Location: _____<br><br>Meals: Amt./Day _____ No. of Days _____ Total _____<br>Dates: From: _____ To: _____<br>Location: _____<br><br>Transportation Mode _____ Amount _____<br>Location: From: _____ To: _____ |  |  |  |
| <b>2. Tuition (at SUNY rate). Specify</b><br>Institution: _____<br>No. of Credits: _____ Amount: _____   |  |  |  |
| <b>3. Registration fees for conferences, seminars, or workshops. Specify.</b><br>Name of event: _____<br>Fee Amount: _____   |  |  |  |
| <b>4. Replacement Salary: _____ Amount: _____</b>  |  |  |  |
| <b>5. Other Expenses: Describe and Specify **</b><br>Description: _____<br>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 proposed project or activity described under Eligibility.

\_\_\_ A detailed statement from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the cost of the project or activity. 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.

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

\_\_\_ A list of the UUP-represented employees participating in the project or activity.

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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 Campus Grants 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 Grants 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)

*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.*