



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

**Dr. Herbert N. Wright Memorial
Safety and Health Training Award Program Application**

This application must be completed for consideration for Dr. Herbert N. Wright Memorial Safety and Health Training 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. 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.			
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 _____ Amount _____ 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 _____ Amount _____ 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 _____ Amount _____ Location: From: _____ To: _____ _____			

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: _____			
TOTAL REQUESTED			

*Identify Other Sources:

**Justification for Other Expenses:

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 or brochure of the proposed project or activity and its benefit to the campus.
- ___ Endorsed release time from the campus president or designee.
- ___ A letter of endorsement by the campus president or designee and the UUP chapter president.
- ___ 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.

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 Safety and Health 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 Safety and Health 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

Campus President/Designee (PLEASE PRINT)

_____ Date: _____
UUP Chapter President Signature

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

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.