

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, read the Individual Development Award Program Guidelines and review the Application Instructions. Before 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			
	Work Phone			
Division/Program/Department				
Campus				
	Full-time Part-time			
PART B: PROPOSAL INFORMATION				
Date of proposed project or activity: From:	To:			
2. B. Briefly describe the proposed project or activit	y 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. The total NYS/UUP JLMC funds for your expenditures are calculated for you. All expenditures must be itemized and justified below. If you received additional funding, please list the amount in the Campus Contribution (reimbursement from department) or Other Sources* (personal funds, award, grant, etc.). Employees may be funded for up to two projects or activities, not to exceed a total of \$2,000 for the period of April 1, 2023 to July 1, 2023. A separate Budget Summary must be completed for each project or activity for which funding is being requested.

Project/activity date(s):	From:	To: _					
				Amount Requested From			
	Expenditure	S		Campus Contribution	Other Sources*	NYS/UUP JLMC	
1. Travel and Related Exp	oenses. Include a se	parate entry for each	trip.				
Α.							
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:							
<u>C.</u>							
Lodging: Amt./Day	No. of Days	Total					
Dates: From:	To:						
Location:							
Meals: Amt./Day	No. of Days	Total					
Dates: From:							
Location:							
Transportation Mode		Amount					
Location: From:							

	Amount Requested From					
Expenditures	Campus Contribution	Other Sources*	NYS/UUP JLMC			
2. Tuition (at SUNY rate). Specify						
Institution: Amount:						
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:						
Justification for Other Expenses.						
PART D: REQUIRED ATTACHMENTS						
All required attachments listed below must be submitted with the app	olication					
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		, ,,,				
	 A letter of acceptance of the paper being presented or other proposal. If acceptance is pending, the 					
Campus Professional Development Committee should be		-	=			
 How this project or activity will further the employee's profin preparing for advancement 	fessional develop	ment or oth	erwise assist			
An updated brief curriculum vitae.						
A brochure, announcement, or other relevant material descri	hing the project	or activity	f material is			
not yet available, information should be sent as soon as possib	•	oi activity. I	i illatellal IS			

ACKNOWLEDGEMENT AND SIGNATURE

I have read the Individual Development Award program guidelines and understand that only documented expenditures pursuant to the procedures described in the program guidelines and approved by the statewide 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 Campus Professional Development Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

			Date:	
 				Date.

Applicant Signature

DO <u>NOT</u> SUBMIT YOUR APPLICATION TO THE NYS/UUP JLMC STAFF. Submit completed application and all required attachments pursuant to the deadline date specified below

DOWNSTATE CHAPTER OFFICE located Basic Science Building Room 2-71P:

or email to BrooklynUUPIDA@gmail.com
APPLICATIONS ARE DUE NO LATER THAN
FRIDAY, DECEMBER 8, 2023 AT 4PM

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.