



**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 _____

Email _____ Work Phone _____

Division/Program/Department _____

Work Address _____

Campus _____

Professional ____ Academic ____ Full-time ____ Part-time ____

PART B: PROPOSAL INFORMATION

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. 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 **July 2, 2023 to July 1, 2024**. A separate Budget Summary must be completed for each project or activity for which funding is being requested.

Project/activity date(s): 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:

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.

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.

Applicant 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 below

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

or email to BrooklynUUPIDA@gmail.com

APPLICATIONS ARE DUE NO LATER THAN

FRIDAY, JANUARY 31, 2024 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.

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