

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

Individual Development Awards Program Application

This application must be completed for consideration for an award under Individual Development Awards Program. Prior to completing this application, read the Individual Development Awards [Program Guidelines](#) and review the application [Instructions](#). Before filling out this application, save it to your files. After filling out this application, 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.

SECTION A: APPLICANT INFORMATION

Name _____ Title/Rank _____

Email _____ Work Phone _____

Division/Program/Department _____

Work Address _____

Campus

Professional Academic Full-time Part-time

SECTION B: PROPOSAL INFORMATION

Date of proposed project or activity: From _____ To _____

2. A. Project or Activity Title: _____

B. Briefly describe the proposed project or activity and its job relatedness in 250 words or fewer.

SECTION C: BUDGET SUMMARY

Complete only 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 (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, 2024 – July 1, 2025**. A separate Budget Summary must be completed for each project or activity for which funding is being requested.

Section C.1

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 ^{\$0.00} _____ Dates: From: _____ To: _____ Location: _____	\$ 0.00	\$ 0.00	\$ 0.00
Meals: Amt./Day _____ No. of Days ⁰ _____ Total ^{\$0.00} _____ Dates: From: _____ To: _____ Location: _____	\$ 0.00	\$ 0.00	\$ 0.00
Transportation Mode _____ Amount _____ Location: From: _____ To: _____	\$ 0.00	\$ 0.00	\$ 0.00
B.			
Lodging: Amt./Day _____ No. of Days _____ Total ^{\$0.00} _____ Dates: From: _____ To: _____ Location: _____	\$0.00	\$0.00	\$0.00
Meals: Amt./Day _____ No. of Days _____ Total ^{\$0.00} _____ Dates: From: _____ To: _____ Location: _____	\$0.00	\$0.00	\$0.00
Transportation Mode _____ Amount _____ Location: From: _____ To: _____	\$0.00	\$0.00	\$0.00
C.			
Lodging: Amt./Day _____ No. of Days _____ Total ^{\$0.00} _____ Dates: From: _____ To: _____ Location: _____	\$0.00	\$0.00	\$0.00
Meals: Amt./Day _____ No. of Days _____ Total ^{\$0.00} _____ Dates: From: _____ To: _____ Location: _____	\$0.00	\$0.00	\$0.00
Transportation Mode _____ Amount _____ Location: From: _____ To: _____	\$0.00	\$0.00	\$0.00

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources	NYS/UUP JLMC
2. Tuition (at SUNY rate). Specify Institution: _____ No. of Credits: _____ Amount: <u>\$0.00</u>	\$0.00	\$0.00	\$0.00
3. Registration fees for conferences, seminars, or workshops. Y Name of event: _____ Fee Amount: <u>\$0.00</u>	\$0.00	\$0.00	\$ 0.00
4. Entrance or access fees to institutions, or archives Name of Institution: _____ Fee Amount: <u>\$ 0.00</u>	\$ 0.00	\$0.00	\$ 0.00
5. Professional organization membership fee, where bundled with a free or reduced rate for conference or workshop attendance. Name of Organization/Conference: _____ Membership fee regular: <u>\$ 0.00</u> Discount fee with conference registration: <u>\$ 0.00</u>	\$ 0.00	\$0.00	\$ 0.00
6. Fees for licensing or certification exam prep courses (e.g., USMLE Step 3 exam, medical board exam, or bar exam prep course, etc.) Name of course: _____ Course Fee: <u>\$ 0.00</u>	\$ 0.00	\$ 0.00	\$ 0.00
7. Fees for continuing education courses (e.g., CME or CLE courses) Name of course: _____ Course Fee: <u>\$ 0.00</u>	\$ 0.00	\$ 0.00	\$ 0.00
8. Other Expenses: (Specify and include justification below) Type of Expense _____ Cost: <u>\$ 0.00</u>	\$ 0.00	\$ 0.00	\$ 0.00

C. 1. Identify Other Sources:

C.1. Justification of other expenses

SECTION C: BUDGET SUMMARY (continued)

Section C.2

Complete this form for expenditures for costs associated with consumable artistic or research materials, short term use of specialized equipment or services, or publication. A supervisor’s signature is required for expenditure requests in this section:

Expenditure	Campus Contribution	Other Sources	NYS/UUP JLMC
<p>1. Fees for consumable artistic or research materials (e.g., reagents, antibodies, dyes, art supplies, sheet music) (include justification below) Type of Consumable _____ # of items _____ Cost per item _____ Total \$ 0.00 Type of Consumable _____ # of items _____ Cost per item _____ Total \$ 0.00 <i>Initial here _____ to affirm that these consumable artistic or research materials are not available through your college or university, and that they cannot be purchased using other grant or research funding</i></p>	\$ 0.00	\$ 0.00	\$ 0.00
<p>2. Fees for short term use of specialized equipment or skills (e.g., sound mixing/engineering, recording studio fees, video recording and editing fees, performance space rentals, real time PCR testing, RNA sequencing) (include justification below) Type of Equipment/Services _____ Cost \$ 0.00 <i>Initial here _____ to affirm that these facilities and services are not available through your college or university, and that they cannot be purchased using other grant or research funding.</i></p>	\$ 0.00	\$ 0.00	\$ 0.00
<p>3. Costs associated with publication (e.g., copyright or licensure fees, journal page charges, and stipends or fees for indexers, proof reading, translations). (Include justification below) Type of Service/item _____ Cost \$ 0.00 <i>Initial here _____ to affirm that these services or items cannot be purchased using other grant or research funding.</i></p>	\$ 0.00	\$ 0.00	\$ 0.00
<p>4. Other Expenses: (include justification below) Description _____ Amount \$ 0.00</p>	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	\$ 0.00	\$ 0.00	\$ 0.00

C.2. Identify Other Sources

Justification Section C. 2. Provide a brief justification for each category, including a rationale for why the expense is necessary for your project or activity and the proof of cost. For services also explain your choice of vendor or firm, including the process for selecting a single source vendor or firm, and describe the services being provided. For anyone hired to perform services for skills being provided, documentation affirming the professional credentials (e.g., resume, CV, recommendation from a publisher, etc.) must be included. (250 Words or less)

Section D: ACKNOWLEDGEMENT AND SIGNATURES

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I have read the Individual Development Awards Program Guidelines and General Program Information and understand that only documented expenditures pursuant to the procedures described in the program guidelines and approved by the Campus Professional Development Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the New York State Comptroller's Rules and Regulations and that any changes to this project or activity, or expenditures included in the Budget Summary 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.

NOTE: Applicant's signature is required for expenditures requested for section C.1 and for C.2., Department, Program, Unit Head Signature is required for C.2.

Applicant Signature

Date

**Department/Program/Unit Head Signature
Required for Section C.2**

Date

SECTION E: APPLICATION SUBMISSION

DO NOT SUBMIT YOUR APPLICATION TO THE NYS/UUP JLMC STAFF.

A completed application and all required attachments must be submitted by the deadline date established by the Campus Professional Development Committee to your Campus Professional Development Committee

Contact the UUP Chapter Office or Human Resources Office for the Campus Professional Development Committee contact information

SECTION F: 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 information should be submitted to the Campus Professional Development Committee 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.

For funds to support projects or activities that are not provided by the employee's campus, department, program, or through other funding sources, that require research materials, fees for short term use of specialized equipment, or services for skills, and costs associated with publication, the following must also be submitted:

- A justification for costs associated with research materials, fees for short term use of specialized equipment, or services for skills, and costs associated with publication.
- Proof of cost from a vendor or firm showing that a reliable vendor or firm was selected, and services or items purchased are at a reasonable cost.
- In instances where a single source vendor or firm has been selected, a justification and the process used to select the single source vendor or firm must be provided.
- For services for skills being provided, documentation affirming the professional credentials (e.g., resume, CV, recommendation from a publisher, etc.) for anyone hired to perform a service must be included.