

11. Briefly describe the proposed project/activity and its job relatedness. (Use additional sheets if necessary)

Budget Summary (Refer to the committee/program guidelines for specific requirements.)

List amount from each:

Campus _____ + Other Sources _____ + JLMC Funds _____ = **TOTAL** _____

I have read the program guidelines and agree to conduct the project or activity described in this Application in accordance with those guidelines.

Applicant's Signature _____ **Date** _____

*The following signatures are required for all Applications **except the Individual Development Awards.***

	Date		Date
Campus President/Designee Signature		UUP Chapter President Signature	

Please list all attachments being submitted, as required by the committee/program guidelines to which you are applying. (Use additional sheets if necessary.)

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| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Send applications, with attachments, pursuant to the date specified in the committee/program guidelines as follows:

- **Individual Development Awards application** to your Campus Professional Development Committee.
- **All other applications or questions** to:

NYS/UUP Joint Labor-Management Committees
 55 Elk Street Suite 301-C
 Albany, New York 12210-2317
 Phone: (518) 486-4666, FAX: (518) 486-4667, Email: nysuuplmc@goer.state.ny.us

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