

## New York State/United University Professions Joint Labor-Management Committees

### Budget Summary for 2007-2011 Application

Prior to completing this form, review the guidelines for the program to which you are applying. Complete only those sections that are applicable and specify the type of expenditure for each item. A separate budget summary must be completed for each semester or quarter for which funding is being requested. Please note that certain items are specific to a particular program. All expenditures exceeding \$250 must be itemized and justified. Be advised that an Application with an incomplete or missing Budget Summary will not be considered.

Applicant's Name \_\_\_\_\_ Program \_\_\_\_\_

Date of project/activity: from \_\_\_\_\_ mo. / \_\_\_\_\_ yr. to \_\_\_\_\_ mo. / \_\_\_\_\_ yr.

Expenditures	Amount Requested From		
	Campus	Other Sources*	JLMC Funds
1. Travel and related expenses			
a. Lodging @ _____/day x _____ day(s)	_____	_____	_____
b. Meals @ _____/day x _____ day(s)	_____	_____	_____
c. Transportation Specify _____	_____	_____	_____
d. Other Specify _____	_____	_____	_____
2. Non-consumable supplies/materials/books Specify _____	_____	_____	_____
3. Consumable supplies (e.g. paper, pens, postage, film) Specify _____	_____	_____	_____
4. Tuition for course work or internship (at SUNY maximum rate) Specify Institution _____	_____	_____	_____
5. Registration fees for conference, seminar, internship, or workshop Specify _____	_____	_____	_____
6. Replacement Salary	_____	_____	_____
7. Other Expenses** Specify _____	_____	_____	_____
<b>NOTE: Numbers 8-10 are to be completed only if applying to the specified programs.</b>			
8. <b>Affirmative Action/Diversity Committee – Grants for Employees with Disabilities Program</b>			
a. Personal assistance Specify _____	_____	_____	_____
9. <b>Employment Committee - Enrollment Enhancement Program</b>			

Expenditures	Amount Requested From		
	Campus	Other Sources*	JLMC Funds
a. Personnel (e.g. consultants, temporary staff, extra service payment) Specify _____	_____	_____	_____
b. Facilities (e.g. room or equipment rental) Specify _____	_____	_____	_____
<b>10. Employment Committee - Retraining Fellowship Program</b>			
a. Stipend	_____	_____	_____
b. Relocation Expenses Specify _____	_____	_____	_____
<b>TOTAL REQUESTED</b>	_____	_____	_____

\*Identify Other Sources \_\_\_\_\_

\*\*Justification for Other Expenses and/or expenditures exceeding \$250 \_\_\_\_\_

*I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the NYS Comptroller's Rules and Regulations and non-consumable items purchased with labor-management funds remain property of the State of New York/State University of New York and must be inventoried by each campus in accordance with local procedures.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The following signatures are required for all applications except Individual Development Awards

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Campus President/Designee Signature UUP Chapter President Signature

Send Application with the Budget Summary, pursuant to the date specified in the program guidelines as follows:

- Individual Development Awards, to your Campus Professional Development Committee.
- All other applications 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](mailto:nysuuplmc@goer.state.ny.us)

The State of New York/United University Professions Labor-Management Committees do not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its program activities. Reasonable accommodation will be provided on request.