

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

Program Evaluation for 2007-2011 Application

This evaluation must be submitted within 30 days after completion of each project or activity.
Check the appropriate program from which you received funding:

A. Employment Committee

- _____ Enrollment Enhancement Program
- _____ Retraining Fellowship Program
- _____ Employment Counseling and Placement Program

B. Professional Development Committee

- _____ Individual Development Awards Program
- _____ Special Projects Fund Program

C. Safety and Health Committee

- _____ Dr. Herbert N. Wright Memorial Safety and Health Training Award Program

D. Affirmative Action/Diversity Committee

- _____ Grants for Employees with Disabilities Program
- _____ Dr. Nuala McGann Drescher Leave Program

E. Technology Committee

- _____ Technology Program

F. Campus Grants Committee

- _____ Campus Grants Program

1. Applicant's Name _____
2. Work Address _____
3. Email _____ Phone: Work (_____) _____ Home (_____) _____
4. Campus(es) _____
5. Division/Program/Department _____
6. Title/Rank _____
7. For the project or activity, indicate the number who participated from each category and from each campus. (Use additional sheets if necessary.)

Campus _____	
(a.) _____ Academic	(b.) _____ Professional
1. _____ Full-time	1. _____ Full-time
2. _____ Part-time	2. _____ Part-time

Campus _____	
(a.) _____ Academic	(b.) _____ Professional
1. _____ Full-time	1. _____ Full-time
2. _____ Part-time	2. _____ Part-time

8. Project or Activity Information (Use additional sheets if necessary.)

(a) Title _____

(b) Objective _____

(c) Date of project or activity: from _____ to _____
mo. / yr. mo. / yr.

(d) Briefly summarize your project or activity. _____

- (e) Was your project or activity objective achieved? _____ Yes _____ No
 (f) Describe why it was or was not achieved including the program impact, successes, difficulties and what could be improved. _____

9. Describe how this project or activity contributed to your professional development and/or preparation for career advancement . _____

10. **Budget Summary**

	Amount Awarded	Amount Expended	Balance
JLMC Funds	_____	_____	_____
Campus Contribution	_____	_____	_____

11. **Program Delivery**

(a) How did you learn about JLMC programs? _____ NYS/UUP JLMC Website
 _____ NYS/UUP Agreement _____ UUP Website _____ Voice _____ Other (Specify) _____

(b) What other types of assistance would be of value to you? _____

(c) Please provide comments and/or recommendations on your experiences with the JLMC programs including the following:

- | | |
|-----------------------------------------|---------------------------|
| Notice of application deadline | Reimbursement process |
| Responsiveness of JLMC staff | Types of programs offered |
| Scope of committee/program guidelines | Application process |
| Methods of communicating with applicant | Other (Specify) _____ |

Comments and/or recommendations _____

Applicant's Signature _____ **Date** _____

Send 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

The New York State/United University Professions Joint 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.