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.__________________________

Application No. _______
(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**

<table>
<thead>
<tr>
<th></th>
<th>Amount Awarded</th>
<th>Amount Expended</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>JLMC Funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus Contribution</td>
<td></td>
<td></td>
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</tbody>
</table>

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
- Responsiveness of JLMC staff
- Scope of committee/program guidelines
- Methods of communicating with applicant

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.