



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

**2007-2011 Application**

This application must be completed for consideration for all labor-management funded programs. Prior to completing this application, review the guidelines for specific requirements for the program to which you are applying. A separate application must be submitted for each funding request. Be advised that an incomplete Application or an Application with an incomplete or missing Budget Summary will not be considered.

**Check the program to which you are applying:**

**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 Lin Lin
2. Work Address Van Hoesen B134, Dept of Childhood & Early Childhood Ed.
3. Email linlin@cortland.edu Phone: Work (607) 753-4234 Home (706) 348-0186
4. Campus(es) SUNY Cortland
5. Division/Program/Department Childhood Ed & Early Childhood Ed
6. Title/Rank Assistant Professor

7. For the proposed project/activity, indicate the number participating from each category and from each campus. (Use additional sheets if necessary.)  
 Campus SUNY Cortland Campus \_\_\_\_\_  

(a.) <input checked="" type="checkbox"/> Academic	(b.) <input type="checkbox"/> Professional	(a.) <input checked="" type="checkbox"/> Academic	(b.) <input type="checkbox"/> Professional
1. <input checked="" type="checkbox"/> Full-time	1. <input type="checkbox"/> Full-time	1. <input checked="" type="checkbox"/> Full-time	1. <input type="checkbox"/> Full-time
2. <input type="checkbox"/> Part-time	2. <input type="checkbox"/> Part-time	2. <input type="checkbox"/> Part-time	2. <input type="checkbox"/> Part-time

8. Check all that apply for **Dr. Nuala McGann Drescher Leave Program ONLY**:  
 (a.) Review Date for Continuing or Permanent Appointment Fall 2009 (b.) Current Term Status employed until 2011  
 (c.)  Male  Female (d.) Disabled  Yes  No  
 (e.) Minority Group Member  Yes  No (f.) Vietnam-Era Veteran  Yes  No

9. Proposed project/activity title. (List name of seminar, conference, workshop, etc. if applicable.)  
LESS is More: A Comparative Analysis to Determine the Efficacy of Literature-Based Elementary Social Studies (LESS) Program on Students Reading Comprehension.

10. Date of proposed project/activity: from 9/1/2008 to 12/19/2008  
 mo. / yr. mo. / yr.

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

Please see the attached description of the proposed project

**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 [Signature] Date 6/24/2008

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

[Signature] Date 6/27/08 Jamie Dangler Date 6/30/08  
Campus President/Designee Signature UUP Chapter President Vice 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.)

- 1. Copies of All Appointment letters
- 2. A proposed activity/project (one page)
- 3. Application form
- 4. A proposed activity/project (4-page with Reference list)
- 5. Budget summary
- 6. A detailed Timeline
- 7. Copy of other grants supporting this project
- 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](mailto: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.