

APPENDIX I

**FACULTY INCENTIVE PAY PLAN APPLICATION
OFFICE OF GRANTS AND CONTRACTS**

This form must be completed and approved by all officials and submitted with the grant or contract proposal. It must be approved along with the proposal by the provost prior to submission to the funding agency.

Proposal Title: _____

Funding Agency: _____

Faculty Members to Benefit from the Faculty Incentive Pay Plan:

Name (PI or Co-PI)	Professional Rank	Faculty/Department	Grant Salary	% Total Salary	Inclusive Dates

Criteria for Eligibility:

The Grant/Contract fully funds the activities proposed: **Yes** **No**

Full Indirect Costs Requested (if not, please attach justification): **Yes** **No**

Principal Investigator
Signature and Date

Co-Principal Investigator
Signature and Date

Chair
Signature and Date

Dean
Signature and Date

Office of Grants and Contracts

Date Received: _____ Proposal Number: _____

Provost Approval

Provost Signature and Date