

**FACULTY INCENTIVE PROGRAM (FIP)
INTENT TO PARTICIPATE**

DEADLINES:

This form must be completed (fully signed) by the first day of the academic semester effort is to be charged to your grant(s)/contracts(s). Retroactive requests cannot be processed.

When salary is prohibited by the sponsoring agency and an exception is requested, this form is due within 15 days after the project is awarded. Retroactive requests cannot be processed.

Faculty Name:

Department:

SECTION I: Eligibility

In order to participate in the plan, I confirm by initialing that the following statements are true (if you cannot confirm all statements in either section A. or B., you are not eligible)

A. Standard:

Salary has been budgeted on the sponsored project(s)

The sponsored project(s) includes F&A at the sponsor agency's publicly available rate

There is no required cost-sharing that could have been covered by my salary

I have not received a reallocation of workload

I am the named PI or Co-PI on the sponsored project(s)

I have a tenured/tenure-track faculty appointment

I understand incentive funds will be 75% of the net amount recovered and available for distribution

I understand the maximum incentive pay I may receive as bonus pay for the AY is 20% of my institutional base salary (IBS); any amount greater than that will be transferred to the departmental FIP speedtype, (designated for use by PI's/Co-PI's who have participated in the FIP and contributed funds to the FIP speedtype) as research, training, and/or services project support.

I received at least "meets expectations" in my most recent annual review

B. Exception: (complete and skip to Section IV, payment)

There is a publicly available written policy prohibiting faculty salary (attach copy)

The total award is \$200,000 or more

Sponsor:

Start Date:

End Date:

SECTION II: Workload Breakdown

My workload breakdown for the upcoming academic year is as follows:

% Teaching % Research % Service

SECTION III: Salary Distribution

Please charge the following % of salary to my sponsored projects as follows:

Sponsor: % Speedtype #: Begin (mo./yr.): End (mo./yr.):

Sponsor: % Speedtype #: Begin (mo./yr.): End (mo./yr.):

Sponsor: % Speedtype #: Begin (mo./yr.): End (mo./yr.):

Sponsor: % Speedtype #: Begin (mo./yr.): End (mo./yr.):

Sponsor: % Speedtype #: Begin (mo./yr.): End (mo./yr.):

Total: %

If changes are needed, submit a new form with all current information listed. The new form will modify the existing form, effective mo./yr. indicated.

SECTION IV: Payment

I request my incentive compensation as follows:

 \$ as bonus pay (no more than 20% of IBS) and/or
 \$ to be transferred to the department FIP speedtype



REMINDER: The following criteria must be met in order for you to receive FIP payment

- ✓ ePERS have been certified
- ✓ Conflict of interest disclosure is current
- ✓ Technical report(s) submitted, if due
- ✓ Received at least "meets expectations" in most recent annual review

SECTION V: Faculty Member Certification

I certify the above information is accurate and correct. I understand I need to request compensation after the end of the academic year and no later than July 31 to receive payment in the fall of the next academic year. If I do not submit the request by the deadline, I understand I forfeit all incentive funds for this academic year.

Signature Date

SECTION VI: Approvals

I approve this request and certify there has not been a workload adjustment and the named faculty member received at least “meets expectations” in the most recent annual review. I understand the department is responsible for managing, tracking and processing incentive compensation, including establishing individual accounts and transferring agreed upon funds to other units.

Department Chair Signature Date

Dean Signature Date

Provost Signature, if applicable Date

SECTION VII: Office of Sponsored Programs and Research Integrity (OSPRI) Confirmation

OSPRI confirms:

- PI/Co-PI salaries are allowable and have been budgeted
- The sponsored project(s) include F&A at the sponsoring agency’s publicly available rate
- There is no required cost-sharing that could have been covered by salaries
- The named faculty is the PI or co-PI on the sponsored project(s)
- If an exception has been requested, requirements have been met

Signature Date

RETURN ORIGINAL SIGNED FORM TO DESIGNATED SPONSORED PROGRAMS ADMINISTRATOR AND/OR DEPARTMENT ADMINISTRATOR WITH A COPY TO THE FACULTY MEMBER AND THE OFFICE OF SPONSORED PROGRAMS AND RESEARCH INTEGRITY (osp@uccs.edu)