

REQUIRED FORM
College of Health and Human Sciences Research Incentive Program

Date: _____ Name of PI: _____

Academic Unit (department/school): _____

Grant Name Awarded:

Funding Agency: _____

Grant Amount Total: _____ Grant FOP: _____

Start Date of Grant: _____ End Date of Grant: _____

THIS FORM IS REQUIRED ANNUALLY FOR MULTI-YEAR FUNDED GRANTS

Semester/Year for which salary buy-out will occur (Fall/Spring only): _____

\$_____ Total amount of salary buy-out to charge Grant

\$_____ Less teaching replacement cost (always \$7,000 per semester)

\$_____ Balance distributed as follows:

60% to PI: \$_____

Will apply to Summer Salary until 100%. Once 100% Summer Salary is obtained, PI can trade for research operations support (RA salary/fringe/fee waiver, research travel, consumables, participant payments, equipment) – must be spent by August/no carry forward.

20% to Academic Unit: \$_____

Will revert back to faculty salaries for use by the Academic Unit.

20% to College: \$_____

Will transfer to College as faculty salaries for use by the College.

Signature of PI/Requestor

Date

Approved:

Signature of Academic Unit Leader

Date

Signature of Associate Dean for Research

Date