

**INTENTION TO PARTICIPATE IN THE FACULTY RESEARCH INCENTIVE PLAN
Fiscal Year 2017 (Academic Year 2016-17)**

DUE DATE: March 1, 2017

This form is used to apply for participation in the Faculty Research Incentive Plan. Faculty members who are **principal** or **co-principal investigators** and whose base salaries are supported by E&G funds may qualify and may be approved for an annual one-time research incentive payment. The faculty member qualifies for a salary payment when (a) more than 10% of the faculty member's E&G-funded salary has been charged to a competitively awarded sponsored grant or contract during the prior fiscal year, and (b) when the faculty member's assignments have not changed. The one-time incentive payment will be one-half of the departmental salary savings after the minimum required threshold is achieved. Salary recovered due to a teaching buy-out or relief from service or other assignments is not included in the FRIP. See *Procedures for Implementing the Faculty Research Incentive Plan* posted at www.provost.vt.edu. **Faculty members with primary appointments in research institutes and faculty in restricted appointments are not expected to participate in the FRIP as the budget models for institutes are dependent on grants and contracts supporting these faculty.**

PIs and Co-PIs are responsible for timely salary charges to their eligible grants and contracts. Faculty salary supported by grants and contracts should be justified and budgeted in the grant proposal. Charges posted later than 90 days after the fiscal year will not be considered. Likewise, all salary charges considered in the calculation of the incentive payment must have been previously certified through the PARS process. Research incentive payments will be made in October for the prior fiscal year.

I hereby apply to participate in the Faculty Research Incentive Plan. I certify that I am:

- principal investigator or co-principal investigator on grants and/or contracts
- supported by E&G funding greater than 10% of annual salary
- regular appointment, not a restricted appointment

- academic year (AY)
- calendar year (CY)
- research-extended: RCY 10 month RCY 11 month RCY 12 month

Faculty Name: _____

VT ID #: _____

Department Name and Mail Code: _____

I intend to participate in the Faculty Research Incentive Plan this year. I understand that the research incentive payment is based on E&G salary savings that I generate through competitive sponsored funding. I will certify my research activities through the PARS process. The salary savings will be documented by my department and college after the close of the fiscal year.

Faculty Signature Date

Approvals:

Department Head/Director's Signature Date

Dean's Signature Date

Executive Vice President and Provost's Signature Date