

**AGRICULTURAL EXPERIMENT STATION / UT EXTENSION SERVICE  
FACULTY INCENTIVE PLAN APPLICATION**

To be submitted with the grant or contract proposal which serves as the basis for the application.

Proposal Title: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Proposal Amount: \_\_\_\_\_ Date Submitted to Dean's Office \_\_\_\_\_

Persons to be covered under provisions of the plan:

Name	Personnel Number	Total Salary Covered by Grant	% of Salary	Inclusive Dates of Coverage
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Criteria (please insert yes or no)

\_\_\_\_\_ The grant/contract fully funds the activities proposed.

\_\_\_\_\_ Full F&A recoveries are included (if no, attach justification) F&A Rate \_\_\_\_\_%

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Department Head

*Dean's Office Use*

\_\_\_\_\_  
Dean's Office

**PROPOSAL:**

Date Application Received \_\_\_\_\_

Proposal Number \_\_\_\_\_

Proposal Meets FIP Criteria \_\_\_\_\_ Comments \_\_\_\_\_

**AWARD:**

Award Amount: \$ \_\_\_\_\_ WBS: \_\_\_\_\_

Allocation of Bonus: FY \_\_\_\_\_ Bonus Amount \$ \_\_\_\_\_