

**SALARY INCENTIVE PLAN APPLICATION**

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

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

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

Award 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

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

Award Meets SIP Criteria \_\_\_\_\_ Comments \_\_\_\_\_

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

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