

**Agricultural Experiment Station
Faculty Salary Funding Incentive Plan (FSFI) Application**
To be submitted with the grant or contract proposal

Proposal Title: _____

Funding Agency: _____

Proposal Amount: _____ Date Submitted: _____

Personnel to be covered under provisions of the Plan

	Name	PSB Number	Total Salary covered by this grant	% of Current Salary	Dates of Coverage
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Includes authorization to use funds for faculty salaries Yes No

Full F&A recoveries are included (if no, attach justification) Yes No

Facilities & Administrative Rate used:

20% of Total (25% of Total Direct)

42% of Modified Total Direct

Other (specify & explain)

Submitted: _____
Principal Investigator _____ Date _____

Approved: _____
Department/Unit Head _____ Date _____

Approved: _____
Associate Director for Finance & Administration _____ Date _____

Approved: _____
Associate Vice President for Agriculture - Research _____ Date _____

Business Office Use

Proposal Number _____