|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy and Management Guidelines | | | | | **Cooperative Extension Service**  **Faculty Salary Funding Incentive Plan (FSFI) Approval Form**  To be submitted with the grant or contract proposal | | | | | | | | | | | | | FINANCE-311  10/11/2006 | |
|  | | | | |  | | | | | | | | | | | | |  | |
| Proposal Title: | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
| Funding Agency: | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
| Proposal Amount: | | | |  | | | | | | Date Submitted: | | | |  | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
| **Personnel to be covered under provisions of the Plan** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | **Name** | | | | |  | **Total Salary Paid** | | | |  | **% of current** | | |  | **Tentative Dates of** | | |
|  | |  | | | | |  | **By this Grant/** | | | |  | **Salary** | | |  | **Coverage** | | |
|  | |  | | | | |  | **Contract** | | | |  |  | | |  |  | | |
|  | |  | | | | |  |  | | | |  |  | | |  |  | | |
| 1. | |  | | | | |  |  | | | |  |  | | |  |  | | |
| 2. | |  | | | | |  |  | | | |  |  | | |  |  | | |
| 3. | |  | | | | |  |  | | | |  |  | | |  |  | | |
| 4. | |  | | | | |  |  | | | |  |  | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Includes faculty salaries in budget | | | | | | | | | | | Yes  No | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Facilities & Administrative (F & A/indirects) rates used: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 19% of Total Federal (23.456% of total direct) | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |
| 29% of Modified Total Direct | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |
| Other (Specify and attach justification) | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Submitted: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Principal Investigator | | | | | | | | | | | |  | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| Approved: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Department/Unit Head; Section Leader; Staff Chair | | | | | | | | | | | |  | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| Approved: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Grants and Contract Manager | | | | | | | | | | | |  | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| Approved: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Grants Officer | | | | | | | | | | | |  | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| Approved: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Assistant Director – ANR/CED/4-H/FCS or District Director | | | | | | | | | | | | | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| Approved: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Associate Director – Programs (if District/County Program) | | | | | | | | | | | | | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| Approved: | | |  | | | | | | | | | | | |  | |  | | |
|  | | | Associate Vice President for Agriculture - Extension | | | | | | | | | | | |  | | Date | | |
|  | | |  | | | | | | | | | | | |  | |  | | |
| *Signed Copies of this form and the Internal Grant Approval Form (FINANCE-312) should be included in all internal copies of the grant application/grant when distributed.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *Once all approvals have been signed, you should keep a copy for your records, and the original FINANCE-311 form should be retained by the Grants and Contract Manager in Financial Services for payment at the end of the year.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| For Financial Services Use Only: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Fund #: |  | | | | | Description: | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |