CES Internal Form for UADA Policy 435.2

UADA Cooperative Extension Service
Faculty Salary Funding Incentive Plan (FSFI) Approval Form

Updated 2/23/2026

Proposal Title: _____

Funding Agency: _____

Proposal Amount: _____ Date Submitted: _____ Streamlyne IP# _____

Personnel to be covered under provisions of the Plan (use a 2nd form if there are more than 4 personnel)

Name	Salary Paid by Grant	% FTE	Coverage Tentative Dates
1.			
2.			
3.			
4.			

Includes faculty salaries in budget ☐ YES ☐ NO Indirect Rate used: _____ %

If indirect rate used is less than current NICRA Rate, was the Sponsors capped rate used? ☐ YES ☐ NO

Explain if needed:

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 Vice President for Agriculture - Extension Date

Signed Copies of this form 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 final FSFI form should be retained by the Grants & Contract Manager in Financial Services for payment at end of year.

FOR OFFICE OF SPONSORED PROGRAM'S USE ONLY:

AWARD #: _____ DESCRIPTION: _____