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| **Mines Research Incentive Program (MRIP) Application** | | | | | | |
| Name: | | Mines CWID: | | | | Rank (aP, AP, P, POP): |
| Department: | | | | | | Portfolio (ESP or EMP): |
|  | | | | | | |
| Eligibility Confirmation | | | | | | |
|  | | | | | | |
| Research Expenditures | | | | | | |
| Average Annual Research Expenditures: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please use a 3 year annual average of allocated research expenditures)* | | | | | | |
| Research Group Support | | | | | | |
| **Instructions:**  For each Research Group Member, report his/ her status for the upcoming academic year.  If a Research Group Member will hold more than one position in a given academic year, address each position in a separate row (see example).  **Example:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Title** | **# Strs TA** | **# Strs RA** | **# Strs. External Fellowship** | **Indicate funding sources and any other relevant information. If multiple sources, provide percentages** | | Jane Doe | Postdoc |  | 3 |  | 40xxxx-3 semesters | | John Smith | Graduate Student | 1 | 2 |  | TA – Fall 2xxxxx, RA SP/SU - 40xxxx (SP), 40xxxx (SU) | | Jack Smith | Graduate Student |  | 3 |  | RA – Fall/SPR/SU 4xxxxx (FA/SP), 4xxxxx (SU) | | | | | | | |
|  | | | | | | |
| **Research Group Members**  *Include Research Staff, Postdocs and Graduate Students* | | | | | | |
| **Name** | **Title** | | **# Semesters TA** | **# Semesters RA** | **# Semesters External Fellowship** | **Indicate funding sources and any other relevant information. If multiple sources, provide percentages** |
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| *If you need more space, attach additional documents* | | | | | | |

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| Funding Breakdown | | | | | | | |
| **Instructions:**   * + Provide information regarding funding to be used for funding MRIP participation. * Note that General Funds, Research Development, Professional Development, or other internal funds may NOT be used to cover any portion of the MRIP. * Funds with no PI/Fund Manager Certification are also not eligible for consideration. * Start and End Dates: Enter the period that the funding will be used to cover the MRIP. If the funding will be used for the full program period list 9/1 -5/30. If specific research projects have an earlier end date, make sure your end date does not exceed the period of performance. | | | | | | | |
| **Fund #** | **Amount to be Used for MRIP** | **Start Date** | **End Date** | **PI/Fund Manager Name** | | | **PI/Fund Manager Certification\*** |
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| **Total MSC** | **$** |  |  |  | | |  |
| **Total SU/W** | **$** |  |  |  | | |  |
|  | All Salary charges will be posted to account 5210, Earn Code: MRP | | | |  | |  |
| **\*PI/Fund Manager Certification**  I certify to the following:   * The fund listed has sufficient funds to cover the salary and associated fringe benefits * The funds will be available for use from Sept 1 – Aug 31. These funds will be encumbered upon approval of this application. | | | | | | | |
|  | | | | | | | |
| MRIP Request | | | | | | | |
|  | | | | | | | |
| **Regular AY Salary**  Enter academic year salary only – do not include summer pay, administrative pay/stipend or current MRIP | | | | | | $ | |
| **Total MRIP Salary Component (MSC)**  Enter the Total MSC from the table above | | | | | | $ | |
| **MRIP Salary Percentage (30% max)**  Enter the percentage of the total MSC divided by the Regular AY Salary | | | | | | % | |
|  | | | | | |  | |
| **Total Compensation**  Total of AY Salary, MSC and Summer and Winter Salary | | | | | | $ | |

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| Three Year Summer & Winter Time Verification | | |
| **This section will be completed by ORA** | | |
| **Year 1 Verification - AY21-22** |  | Confirmed days |
| **Year 2 Verification - AY20-21** |  | Confirmed days |
| **Year 3 Verification - AY19-20** |  | Confirmed days |

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| Certifications | |
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| Requestor | |
| By submitting this MRIP application I certify to the following:   * My annual evaluations have a rating of “meets expectations” or higher in the overall performance category in the last three review cycles * I am fulfilling a normal teaching load for my department; i.e. I do not have any teaching charge-outs to fulfill external research obligations * My research team is fully supported and I will not divert financial resources from my team to fund my MRIP participation * I have fulfilled all Mines required service activities commensurate with my rank * My research programs are all in good standing with no outstanding deliverables due or a project in an unauthorized deficit     x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  signature date | |
| Department Head | |
| I certify to the following:   * The Requestor’s annual evaluations have a rating of “meets expectations” or higher in the overall performance category in the last three review cycles * The Requestor’s is fulfilling a normal teaching load for the department; i.e. does not have any teaching charge-outs to fulfill external research obligations * The Requestor’s research team is fully supported and no financial resources will be diverted from the team to fund Requestor’s MRIP participation * Requestor has fulfilled all Mines required service activities commensurate with their rank   x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  signature date | |
| Office of Research Administration | |
| ORA confirms the following:   * The research funds identified within this application meet the funding requirements of the MRIP * There are funds available for academic salary * The Requestor’s research programs are all in good standing with no outstanding deliverables due or a project in an unauthorized deficit * The Requestor has fully funded themselves for Summer and Winter salary for the past 3 years   x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  signature date | |
|  | |
| Determination | |
| **Dean Review and Recommendation**:  I have reviewed this application and found it compliant with the requirements of MRIP. I recommend this for approval.  x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  signature date | I have reviewed this application and do NOT recommend this for approval for the following reasons: |
| **Provost Determination:**  Approved  x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  signature date | Not Approved |