# 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    | #<br>Strs<br>TA | #<br>Strs<br>RA | # Strs.<br>External<br>Fellowship | Indicate funding sources and any other relevant information. If multiple sources, provide percentages |
|----------|----------|-----------------|-----------------|-----------------------------------|---|
| Jane Doe | Postdoc  |                 | 3               |                                   | 40xxxx-3 semesters  |
| John     | Graduate | 1               | 2               |                                   | TA – Fall 2xxxxx, RA SP/SU -  |
| Smith    | Student  |                 |                 |                                   | 40xxxx (SP), 40xxxx (SU)  |
| Jack     | Graduate |                 | 3               |                                   | RA – Fall/SPR/SU 4xxxxx (FA/SP),  |
| Smith    | Student  |                 |                 |                                   | 4xxxxx (SU)   |

|      | Include Re | Research G           | roup Membe<br>stdocs and Gr |  | ts  |
|------|------------|----------------------|-----------------------------|--|---|
| Name | Title      | #<br>Semesters<br>TA | #<br>Semesters<br>RA        | #<br>Semesters<br>External<br>Fellowship | Indicate funding sources and any other relevant information. If multiple sources, provide percentages |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      |            |                      |                             |  |   |
|      | If you     | need more space,     | attach addition             | al documents                             |   |

## **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<br>Used for MRIP | Start<br>Date | End<br>Date | PI/Fund Manager Name | PI/Fund Manager Certification* |
|---------------|-------------------------------|---------------|-------------|----------------------|--------------------------------|
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
|               |                               |               |             |                      |                                |
| Total MSC     | \$                            |               |             |                      |                                |
| Total<br>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   | Ś  |  |
|---|----|--|
| Enter academic year salary only – do not include summer pay, administrative pay/stipend or current MRIP | T  |  |
| Total MRIP Salary Component (MSC)   | \$ |  |
| Enter the Total MSC from the table above  | Ψ  |  |
| MRIP Salary Percentage (30% max)  | %  |  |
| Enter the percentage of the total MSC divided by the Regular AY Salary                                  | 70 |  |
| Enter the percentage of the total vise divided by the negatian Art salary                               |    |  |

| Total Compensation                                   | ¢ |
|--|---|
| Total of AY Salary, MSC and Summer and Winter Salary | 7 |

## 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 |

| Certific  | cations   |
|---|---|
| Reau  | estor   |
| By submitting this MRIP application I certify to the followir  - My annual evaluations have a rating of "meets expectations" or high  | ng: ner in the overall performance category in the last three review cycles t have any teaching charge-outs to fulfill external research obligations sources from my team to fund my MRIP participation ith my rank |
| Xsignature  | date  |
| Departm   | ent Head  |
| <ul> <li>cycles</li> <li>The Requestor's is fulfilling a normal teaching load for the departme obligations</li> <li>The Requestor's research team is fully supported and no financial reparticipation</li> <li>Requestor has fulfilled all Mines required service activities commens</li> </ul> |   |
| Xsignature  | date  |
| Office of Researc   | h Administration  |
| ORA confirms the following:  The research funds identified within this application meet the funding.  There are funds available for academic salary.  The Requestor's research programs are all in good standing with no.  The Requestor has fully funded themselves for Summer and Winter.     | outstanding deliverables due or a project in an unauthorized deficit  |
| signature   | date  |
| Determ  | ination   |
| Dean Review and Recommendation:   |   |
| $\hfill\Box$ I have reviewed this application and found it compliant with the requirements of MRIP. I recommend this for approval.  | ☐ I have reviewed this application and do NOT recommend this for approval for the following reasons:  |
| Xsignature date   |   |
| Provost Determination:  |   |
| □ Approved  | ☐ Not Approved  |

signature

date