

### NIH+ Program Description and Rules

TOPIC	CURRENT PLAN	COMMENTS & EXAMPLES
Name of program	NIH+ (pronounced “NIH Plus”)	
Start of program	July 1, 2019	The first annual allocation of discretionary dollars will be in FY20 (2019-20), based on each faculty member’s NIH or other capped salary support in FY19.
Length of DOM’s initial commitment to program	Three years (July 1, 2019 to June 30, 2022)	Initial commitment from Central DOM of approximately \$2M/year. We will reevaluate in year 3 to determine whether to continue program in current form after June 30, 2022. Offer letters to faculty may cite the current program but should not promise continued support at the current level beyond FY22.
Annual support	The allocation will be 20% of the NIH (or other capped) support applied to the individual faculty member’s salary (exclusive of benefits).	By “NIH or other capped,” we mean all government grants and contracts with an NIH-type salary cap.
Eligibility criteria	MD or PhD with primary appointment in DOM at the Associate or Professor rank, in any series. Current-year iRAPS recipients are excluded. Recall and visiting faculty are also excluded.	Faculty with primary ORU appointments or primary appointments outside DOM are not eligible. The exclusion of iRAPS recipients reflects the fact that the iRAPS benefit (~\$63K/year, inclusive of benefits) is more generous than the maximum benefit for NIH+ (20% of \$192,300, or \$38,460). Note that, whereas iRAPS is a benefit limited to In-Residence series Associate Professors, NIH+ support is available to faculty in any series with eligible grants or contracts (including Clin X, HS Clinical and Adjunct).
Duration of support	Program support is only guaranteed for the initial 3-year pilot, after which it will be reevaluated. While the program is in effect, there is no limit on the number of years of support for individual faculty members.	This is a distinction from iRAPS, which has a fixed term (6 years) of support. Assuming the program remains operative, NIH+ support will continue as long as an Associate or Full Professor is receiving eligible grant funding.
Effective date of support	At the time of promotion or transfer to an appointment at the Associate or Professor rank	
Pre-existing commitments	The goal of NIH+ is to supplement, rather than replace, pre-existing divisional commitments to individual faculty.	That said, division and service chiefs remain in charge of allocating resources for their research faculty.
In-Residence guarantee	NIH+ does not alter the existing terms of the department’s In Residence guarantee, and faculty	

	using their In Residence guarantee are eligible to receive an NIH+ allocation per the program's standard guidelines.	
Support from FTEs, FTE equivalents, and VA research FTEs	The annual allocation will be reduced by 50 cents for every dollar of available salary support provided by a faculty member's FTE, FTE equivalent, or VA research FTE, regardless of the original purpose underlying the assignment of the FTE or FTE equivalent.	Example: A faculty member was initially eligible for an NIH+ allocation of \$25,000 (based on NIH salary support the prior year of \$125K), but the faculty member has an FTE that provides \$60,000 of salary support in the current year. The faculty member will not receive an NIH+ allocation, as \$30,000 (50% of \$60,000) is more than \$25,000. On the other hand, if the faculty member's NIH+ support was \$36K (based on \$180K of NIH grants), he or she would receive an allocation of \$6K (\$36K NIH+ minus \$30K of FTE "credit").
Support from endowed chairs and distinguished professorships	Similar to the handling of FTEs (above), the annual allocation will be reduced by 50 cents for every dollar of available salary support provided by a faculty member's endowed chair or distinguished professorship.	Example: A faculty member was initially eligible for an NIH+ allocation of \$20,000 based on \$100,000 of NIH support in the prior year. But the faculty member has an endowed chair that provides \$18,000 of salary support in the current year. The faculty member will receive an NIH+ allocation of \$11,000 (\$20,000 – (50% of \$18,000)). Note that we use "available" support for this calculation; the NIH+ support does not change if the faculty member <i>chooses</i> to accumulate endowed chair support as a discretionary fund rather than use it for salary support.
Other discretionary funds	The annual allocation will be reduced by 50 cents for every dollar of discretionary funds held by the faculty member in excess of \$500,000. A faculty member's discretionary fund balance will be measured by the average month-end balance in the previous fiscal year.	Example: A faculty member was initially eligible for an NIH+ allocation of \$28,000. But the faculty member has discretionary funds totaling \$550,000, which is \$50,000 more than the \$500,000 threshold. The faculty member will receive an NIH+ allocation of \$3,000. (\$28,000 – (50% of \$50,000)).
Grounds for termination of support	Loss of good standing will result in termination of NIH+ support until the year after good standing is restored.	
Use of funds	Support can generally be used for salary support or any other mission-related purpose within UC policy.	NIH+ funds are deposited in the faculty member's discretionary fund for the faculty member's general use during the current year or future years. While we expect that most NIH+ dollars will go towards supporting existing salary (particularly to defray the cap-gap), dollars can also be used for other discretionary purposes, including salary increases and research incentives, consistent with other guidelines governing such expenditures and subject to negotiation between the faculty member and division chief/site chief.

Program success metrics	The program's success will be measured by its impact on faculty morale, recruitment, retention, and department-wide NIH-related funding.	
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*(Last revised 9/16/19)*