Instructions:

1. Place name, department and budget period in the appropriate field.
2. Fill in Section A, placing project title/position, PI/PD initials *see note below*, period certifying, budget number, and effort percentage in the appropriate field. Indicate whether the effort was funded by the grant, cash matched by the university or a non-federal agency, or in-kind commitment.
3. Insert effort percentages in Section B, C, and D (if applicable). EFFORT MUST TOTAL 100%
4. Sign and date the effort report form, obtain the signature of your department head/supervisor, and return the form to Earlene Jackson in the Office of Sponsored Programs, which is located in Building 502. PLEASE CONTACT Mrs. Jackson at ext. 6812 with any questions.

**Section A: Sponsored Activity Commitments** *If certifying for more than one project and there are different PI/PDs, each PI/PD must initial for their project*

<table>
<thead>
<tr>
<th>Project Title/Position:</th>
<th>*PI Initials</th>
<th>Period Certifying</th>
<th>Budget Number</th>
<th>Effort %</th>
<th>Was your effort funded by a grant, cash matched by DSU, or “in-kind”?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Funded   Cash Matched</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In-Kind</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Funded   Cash Matched</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In-Kind</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Funded   Cash Matched</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In-Kind</td>
</tr>
</tbody>
</table>

**Sponsored Activities Total Effort Expanded**

Place this total in section B below

--- %

Add totals from Section B, Section C, and Section D together. This is your total effort for this reporting period.

**Section B:**

- **Sponsored Activities/ Release Time**

**Section C:**

- **University/Academic Teaching**

**Section D:**

- All other University Activities Total Effort Expanded (Administrative, Advising, etc.)

| Effort Reporting Total Effort Expended (Section B + Section C + Section D) | 100 % |

YOUR TOTAL EFFORT CANNOT BE GREATER THAN 100%

Date

________________________________________
Faculty/Staff

Date

________________________________________
Principal Investigator*/Program Director*/Supervisor

Date

________________________________________
Appropriate Chair/ Dean

Date

________________________________________
Associate Vice President for Research and Sponsored Programs

1200 N. DUPONT HWY. • DOVER, DE • 19901-2277 • (302) 857-6810 • Fax: (302) 857-6804
Delaware State University is an equal opportunity employer and does not discriminate because of race, creed, national or ethnic origin, sex or disability.
**Staff/Student Monthly Activity Form**

Name ________________________________   Project Name ____________________________

Dept./Unit ____________________________   Grant No. ____________________________

Today’s Date __________________________   Project Period __________ - ___________

Please indicate only the number of hours that you worked on the **sponsored project**.

This information is needed for Federal and State Audit requirements.

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Hours:**

___________

_I certify that the information listed above is correct._

Date

______________________________   Staff Member

Date

______________________________   Principal Investigator/Program Director

Date

______________________________   Director, Office of Sponsored Programs

*Return this form to the Office of Sponsored Programs.*