## MORAVIAN COLLEGE EFFORT REPORT

In order to comply with federal guidelines, this form must be completed and returned to the Director of Foundation Relations at the end of each semester and summer by all faculty, staff, and students working on an externally funded project.

Name:	Department:		
Semester reported:	Fall 20 Spring	20	Summer 20
Provide a breakdow	n of your responsibilities for th	is semester. <b>T</b>	The total must equal 100%.
Effort	Activity		
<u></u>	Teaching and teaching-related activities		
	Research activities (excluding externally funded)		
	Service activities		
	Externally funded activities unpaid time contributed to t	ı C	s reflect time paid by grant as well as e., in-kind):
<u>%</u>	Funding Agency		
	Project Title		
<u>%</u>	Funding Agency		
	Project Title		
<u></u>	Funding Agency		
	Project Title		
<u>%</u>	TOTAL		
I certify that the info	ormation provided is correct.		
Signature			Date
Certifying Signatur	e*		Date

\*NOTE: If the individual named above is a faculty member, please also sign on the Certifying Signature line. The PI/PD provides the Certifying Signature for all non-faculty project staff.