MORAVIAN UNIVERSITY EFFORT REPORT

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

Name:	me: Department:		
Semester reported:	Fall 20	Spring 20	Summer 20
Provide a breakdow	n of your responsil	bilities for this semester.	The total must equal 100%.
Effort	Activity		
<u></u>	Teaching and teaching-related activities		
<u>%</u>	Research activities (excluding externally funded)		
	Service activitie	es	
	<u>-</u>	ed activities (percentag ntributed to the project,	ges reflect time paid by grant as well as i.e., in-kind):
<u>%</u>	Funding Agency		
	Project Title		
	Funding Agenc	у	
	Project Title		
<u></u>	Funding Agency		
	Project Title		
<u>%</u>	TOTAL		
I certify that the info	ormation provided i	is correct.	
Signature			Date
Certifying Signature*			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.