

Minnesota State University, Mankato  
 Time and Effort Certification Form



Salary Info

Fiscal Year	Funding Agency	Grant Title	Faculty/Staff Name	Cost Center Number	Wages	% of Effort
Total					0.00	0%

Pursuant to the Office of Management and Budget 2 CFR Chapter I, Chapter II, Part 200.430, et. al., I hereby certify that on average I exerted the amount of effort indicated above on the total activities indicated during the time period covered.

Match Info

Applicable  Not applicable

Grant Title	Cost Center Number	Match (credit/duty days)	Matching Cost Center (if applicable for cash match)

OMB 2 CFR Chapter I, Chapter II, Part 200.306, et. al. -- Cost Sharing Or Matching clarifies policies on voluntary committed cost sharing to ensure that such cost sharing is only solicited for research proposals when required by regulation and transparent in the notice of funding opportunity. It may never be considered during the merit review.

\*Further documents for cost share or match is kept on file within the department or college.

\_\_\_\_\_  
 Employee Signature (If not Project Investigator) Date

\_\_\_\_\_  
 Chair/Dean/Administrator Signature (PI can not self approve the effort report) Date