

Program Activity / Time & Effort Report Form

PROCEDURE

When the College agrees to accept the Terms and Conditions of a sponsored project, the Institution assumes significant legal and financial obligations. Therefore, it is imperative that the College foster a culture of fiduciary compliance for all sponsored projects (Policy 1.111).

The Office of Grants and Contracts (OGC) oversees and monitors all sponsored projects awarded to the College and interfaces with the applicable Principal Investigator (PI) (or Project Director [PD]), Vice President for Finance and Administration (VPFA), Budget Office, and Controller's Office to ensure award compliance (Policy 1.111).

Work completed on a sponsored project should be represented as the appropriate proportion of an individual's institutional base salary (IBS): A regular salaried employee should not earn more than 100% of their contracted IBS. The CFR 200 defines IBS as the annual compensation paid by the College for an individual's appointment whether that individual's time is spent on research, instruction, administration, or other activities.

Personnel who receive a salary from sponsored project dollars are required to keep a record of their program activity / time and effort during the sponsored project (Policy 1.111). Program Activity / Time & Effort Certification should reflect all activities performed by the employee during the project period, including those which are paid for by the College. The Program Activity / Time & Effort Report Form should be signed by the employee and their supervisor and sent to the OGC. Completed Program Activity / Time & Effort Report Form should be kept on file by the employee's supervisor. Please see Table 1 to identify the reporting frequency for each type of Lewis-Clark State College Employee.

Table 1: Reporting Frequency

Employment Type	Report Frequency
Professional	Each Semester or as arranged with the OGC
Classified	Quarterly or as arranged with the OGC
Irregular Help	Quarterly or as arranged with the OGC

The supervisor signing the program activity / time and effort report, should have first-hand knowledge of the work being certified, and must be able to verify that the employee being certified performed the work. Any changes (i.e., 10% or more) to the amount of effort committed to sponsored projects must be communicated to the OGC before contacting the sponsoring agency to request a change in effort.

In order to reconcile any significant exceptions to levels of effort (i.e., 10% or more), the PI/PD needs to perform a quarterly review of the reports for Classified and Irregular Help personnel, and a yearly review for Professional personnel. If the review determines that an adjustment needs to be made, adjustments to salary charges should be requested before the next program activity report is completed.

INSTRUCTIONS



Download this form to your desktop **and** open the form in **ADOBE PDF** before starting.
This form will not work correctly in your web-browser.



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.



Mandatory fields on this form are highlighted in '**RED**'.



Use the 'Save' icon to save this form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of the form.**



Use a **Digital Id Signature** when signing this form.



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Click the '**RED**' button to stop the routing of this document, and identify why you stopped the routing of this document.



Click the '**GREEN**' button to send this document to the next reviewer.

PROGRAM ACTIVITY REPORT

BASIC INFORMATION

1. Name:
2. Area/Unit (Answer question 2 before question 3):
3. Division:
4. LC State e-mail:

EMPLOYMENT INFORMATION

5. Employment Type:
 - Professional
 - Classified
 - Student – Irregular Help
 - Non-Student – Irregular Help
6. Employment Status:
 - Full-Time
 - Part-Time
7. Is your Lewis-Clark State College (LC State) salary 100% funded by a sponsored project or combination of sponsored projects?
 - NO
 - YES
8. Please identify the number of sponsored projects that contribute to your salary:
9. Does any sponsored project that contributes to your salary require that you keep a record of the number of hours (and dates) you worked on the sponsored project?
 - NO
 - YES: please attach documentation of the hours (and dates) you worked on the project(s).

PERFORMANCE PERIOD

10. Effort Reporting Period Dates:
 - Start Date:
 - End Date:
11. Reporting Period:
 - Monthly
 - Quarterly
 - Fall Semester
 - Spring Semester
 - Summer Session
 - Other, please identify:

PROGRAM ACTIVITY INFORMATION



When calculating 'Effort', a percentage value is required as opposed to a calendar/hourly value. To convert a calendar/hourly value, to a percentage value divide the number of person months/hours you plan to spend on the award by the number of calendar months/hours of your 'Contract Term'.

For example, If you are planning to commit two (2) person months to the proposal and you have a 'Contract Term' that is nine (9) calendar months long, you would divide two (2) by nine (9) to get a value of twenty-two percent (22%): Your 'Effort' would be twenty-two percent (22%).

Time & Effort		LC State Account(s)			OGC	Percent of
#	Activity/Award Title	Primary	Secondary	Tertiary	Number	Time / Effort
*						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					Total Amount of Effort (Cannot Exceed 100%):	

* **Institutional Duties:** Teaching and teaching related activities, administration, committee assignments, service and other activities not funded by a sponsored project.

ROUTING & APPROVALS

Note: The preparer of this document is responsible for identifying all needed e-mail addresses. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Is someone other than the PI or PD / Employee or Supervisor of the PI or PD / Employee preparing this form (e.g., administrative assistant, etc.)?

NO

YES

PI/PD or Employee: I certify that this report accurately reflects the total work hours compensated for the stated period, and that the work activities performed are allocable to the identified sponsored project(s).

Supervisor of PI/PD or Employee: I certify that I have knowledge of this employee's attendance and total hours compensated for the stated period, and that the distribution of charges accurately reflects activity allocable to the sponsored project(s) terms and conditions/agreement.

Signatory/Approver	LC State e-mail	Digital ID Signature	Action	
			Disapprove	Approve
Administrative Assistant, etc.:				
PI/PD or Employee:				
Supervisor of PI/PD or Employee:				

GRANTS AND CONTRACTS OFFICE USE ONLY

Date Received:

Received By:

Unique ID:

Name

Start Date

Period

ID

Action

Approve

Modifications Needed for Approval

Explanation:

Notes:

Action taken by:

File Name: