Request for Delegation of Authority for Quarterly Project Effort Certifications

To: Tub Effort Coordinator

From: Department Name: _____   Org Number: _____

        Principal Investigator's Name: _____

Harvard University requires that principal investigators certify non-faculty Quarterly Project Effort Certifications, attesting that salaries charged to federal projects reflect effort expended by employees on these sponsored projects. In certain circumstances, the principal investigator can delegate this responsibility to another individual working directly on his or her federally sponsored project.

I, the Principal Investigator, authorize the individual listed below to certify the Quarterly Project Effort Certification for the Federal grant referenced below. By signing this form I agree that the named individual has **first-hand knowledge of the work performed by the non-faculty employees on my grant such that he/she can appropriately attest to the salary certification and can defend salary allocations to federal and other auditors.**

The specific wording on the Quarterly Project Effort Certification is:

> "I certify that non-faculty salaries charged this quarter reasonably reflect work performed
> on the project and that I have sufficient technical knowledge and/or that I am in a position
> that provides me with suitable means of verification that the work was performed"

The individual listed can sign the Quarterly Project Effort Certifications for the grant listed during the period specified.

Designee Name	
HUID	
Award Fund Number*	
Designee Start Date, *if applicable*	
Designee End Date, *if applicable*	
Note Subactivity restrictions	

*does not include part-of accounts or subactivities that I am not responsible for

I understand that as Principal Investigator, I am required to update this list and notify the school level sponsored research or finance office whenever there are staffing changes or re-assignment of duties that result in changes to this delegation of authority.

_____   _____
PI Signature   Date

_____   _____
Designee Signature   Date

_____   _____
School Level Authorized Signature Approval   Date

Form Update Date: 10/23/2013