



## CUNY STAFF EFFORT NOTICE

CUNY Staff Effort For RF Grant #. \_\_\_\_\_

Purpose of Project \_\_\_\_\_

Organized Research \_\_\_\_\_

Principal Investigator \_\_\_\_\_

Other Sponsored Activity \_\_\_\_\_

Please return the original completed copy of this notice for all awards to the Grant Accounting section of the Research Foundation within 10 days from the time you have received a RF project account number. The two copies may be retained by the college. If no CUNY staff effort is planned, write "NONE" in the following section. Compliance with this request will insure full and proper credit to the account of your school and provide the basis for maintaining a record of costs sharing.

Budget Period From \_\_\_\_\_ To \_\_\_\_\_

### Scheduled CUNY staff effort for this award is as follows

Employee Name	Project Position	% Effort	Salary	Cost Sharing			For The Time Period	
			Charge to Award	Unrecovered Cost	Mandatory	Voluntary Committed	From	To
1.								
2.								
3.								

4. Fringe benefits will be calculated at the standard rate. If a lower rate is used, insert rate \_\_\_\_\_% and Please explain on the reverse side of this copy

5. Name of CUNY unit to receive credit \_\_\_\_\_

6. \_\_\_\_\_  
Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

7. \_\_\_\_\_  
Signature of College Administrative Representative \_\_\_\_\_ Date \_\_\_\_\_

In the space provided below show the annual salary rates of the employees named above, and computations of the CUNY staff effort to be allocated to the award. If the rates are scheduled to change during the period(s), show effect dates of each such change and the new amounts.

Name	Annual Salary	From	To

Computation \_\_\_\_\_

Attach additional sheets if necessary.