

# Request for Delegation of Authority for Quarterly Project Effort Certification



**OFFICE OF  
SPONSORED PROGRAMS  
COLORADO STATE UNIVERSITY**

**To:** Ashley Stahle, Interim Director, OSP

**From:** Department Name:

Dept Number:

Principal Investigator's Name:

**Colorado State University requires that Principal Investigators certify Quarterly Project Effort Certifications, attesting that salaries charged to sponsored projects reflect effort expended by employees on this sponsored project.**

**In certain circumstances, the Principal Investigator can delegate this responsibility to another individual working directly on his/her/their sponsored project.**

Check one of the boxes below:

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

The Principal Investigator is no longer available to complete the certification process in the ecrt system. This form is being reviewed and signed by the Department Chair, to assign a designee to complete the system certify action. (When possible, the effort statement should be reviewed by the PI outside the system, and documentation of this review should be sent to Ashley Stahle.)

The individual listed can certify the Quarterly Project Effort Certification for the grant listed during the period specified.

<b>Designee Name</b>	
<b>EID # (CSU employee ID)</b>	
<b>Project 53 Account Nbr</b>	
<b>Designee Start Date, <i>if applicable</i></b>	
<b>Designee End Date, <i>if applicable</i></b>	

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

**Signatures:**

PI \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Designee \_\_\_\_\_ Date \_\_\_\_\_

OSP Approval \_\_\_\_\_ Date \_\_\_\_\_

**\*\* return the completed and signed form to [ashley.stahle@colostate.edu](mailto:ashley.stahle@colostate.edu) \*\***