SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY
Request for Effort Certification Proxy and/or Signature Authority for Grant Expenditures

Return this form to: Office of Sponsored Programs, 501 East Saint Joseph Street, Rapid City, SD 57701

SD Board of Regents Effort Certification Policy: http://www.sdbor.edu/policy/5_FinanceBusiness/documents/5-24.pdf

Grant Code: _____ ❒ All Funds ❒ All Applicable Funds (List Below)
MXXXXXXXX

_____

_____

Principal Investigator Information:

Name: _____
Print Last Name, First Name

Banner ID: _____ Department: _____ Phone No.: _____
AXXXXXXXX

Proxy Information:

Name: _____
Print Last Name, First Name

Banner ID: _____ Department: _____ Phone No.: _____
AXXXXXXXX

Provide a brief explanation in the box below of why a certification by proxy is being requested.

Check one: Proxy is ❒ Co-Investigator Overseeing the Work. ❒ Project Director Overseeing the Work. ❒ Other

Signatures: *"Direct Knowledge" and "Suitable Means"* http://www.whitehouse.gov/omb/circulars_a021_2004/

Principal Investigator: "I certify that the Proxy named above has direct knowledge and a suitable means of verifying the work performed on the projects under my authority. I understand that I remain ultimately responsible for the accuracy of the effort certifications and expenditures being charged on the projects under my authority. I have read and understand the guidance of SD Board of Regents' Effort Certification Policy."

Signature: _____ Date: _____
mm/dd/yyyy

Proxy: "I certify that I have read and understand the guidance of SD Board of Regents' Effort Certification Policy. I understand the role of proxy being entrusted to me, and that I have direct knowledge and a suitable means of verifying the work performed by all individuals employed on the projects under the authority of the PI named above, and of affirming that the wages charged to the sponsor are reasonable in relation to the work. I have direct knowledge and a suitable means of verifying the expenditures being charged on the projects under my authority."

Signature: _____ Date: _____
mm/dd/yyyy

Reviewed and Approved by Office of Sponsored Programs:

Signature: _____ Title: Vice President for Research

Print Name: Ronald J. White, Ph.D. Date: _____
mm/dd/yyyy