Dartmouth College
Time Certification For In-Kind Contribution

(Only fill in the shaded areas)

Grant Account# 5-3XXXX Funded by: _____

Project Period of Performance: Start Date: _____ End Date: _____

This is to certify that the following time has been contributed to the project entitled:

Employee Name:

Employee's Academic Appointment:

- ☐ 9 Month
- ☐ 12 Month
- ☐ None

Academic Appointment

Fiscal Year	Term	Percentage of Time Contributed	12 Month or 9 Month Salary Amount	Total Salary Amount	Fringe Benefit Rate	Fringe Benefit Amount
				$ -		$0.00
				-		$0.00
				-		$0.00
				-		$0.00
				-		$0.00
Subtotal of Academic In-Kind Contribution:				**$** -		**$** -

Non-Academic Appointment

Fiscal Year	Length of Time	Percentage of Time Contributed	Free Term Salary Amount	Total Salary Amount	Fringe Benefit Rate	Fringe Benefit Amount
				$ -		$0.00
				-		$0.00
				-		$0.00
				-		$0.00
				-		$0.00
Subtotal of Non-Academic In-Kind Contribution:				**$** -		**$** -

Total Salary Contribution:	**$** -
Total Fringe Benefit Contribution:	-
Total In-Kind Contribution:	**$** -

I certify that the report and distribution among activities represents a reasonable estimate of total work performed within each activity for the period.

Prepared by: Name & Signature _____ Date _____

Employee: Name & Signature _____ Date _____

Project Director/Principal Investigator: Name & Signature _____ Date _____

Fiscal Office: Name & Signature _____ Date _____

Office of Sponsored Projects: Name & Signature _____ Date _____

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