**Quarterly Time Keeping Certification**

Implementing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Agreement Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Report: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8

The Entity certifies that it is in full compliance with the time-keeping requirements of the above grant agreement for all grant- and match-funded personnel and that the information listed below is an accurate reflection of the actual time and effort spent by personnel on the above program. In-kind match volunteer hours may be aggregated, provided that those volunteer hours are separately recorded by attendance timesheets or personnel activity reports.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Signature Printed Name Title Date

*Personnel / Volunteer Total Program Hours Total Hours Compensated Percent*

*(excluding Paid Time Off)*

Ex: Advocate #1 487 793 61.4

Ex. Advocate #2 500 500 100

Ex. Volunteers (12) 234 -- --