

### QUARTERLY TIME KEEPING CERTIFICATION

Implementing Agency: Insert Grantee Organization Ex: Will County

Program Name: IFVCC Grant Agreement Number: 3295XX

Quarterly Report: ☒ 1 ☐ 2 ☐ 3 ☐ 4

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 working less than 100% on the above program. Only actual hours spent working should be included, and not paid or unpaid time off.

In-kind match volunteer hours may be aggregated, provided that those volunteer hours are separately recorded by attendance timesheets or personnel activity reports.

Grant fiscal agent/  
Employee Supervisor

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<i>Personnel / Volunteer</i>	<i>IFVCC Hours worked Grant-Funded (or Match) Working Hours</i>	<i>Total Hours on all projects Total Working Hours</i>	<i>Percent</i>
<u>Lacey Pollock</u>	<u>450</u>	<u>500</u>	<u>90%</u>
<u>Mary Ratliff</u>	<u>250</u>	<u>500</u>	<u>50%</u>