**Quarterly Time Keeping Certification**

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

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

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.

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Signature Printed Name Title Date

*Personnel / Volunteer Grant-Funded (or Match) Total Working Hours Percent Working Hours*