TIME AND EFFORT REPORT

This report is for the quarter: Example: (October 1, 2021 through December 31, 2021)

Organization’s Name:

Title of Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost Center Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subrecipients Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Actual Time & Effort hours or percentage (%)

|  |  |  |
| --- | --- | --- |
| Employee Name | Actual Time & Effort Hours or % | Employee Signature |
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I certify that I have first-hand knowledge of all effort performed. The actual time and effort hours and/or percentage recorded above represents the actual effort expended under the award(s) listed above during the period covered in this report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Organization’s Project Director/Manager Date

NOTE: Time and Effort Reports are a requirement of the audit procedures and regulations of the Federal and the Health and Hospital Corporation of Marion County (HHC) d/b/a/ Marion County Public Health Department (MCPHD) grant process. Indicate the actual percentage of your full-time workload spent on the funded activity (ies) if you have more than one grant; please indicate the hours and/or percentage of time spent on each individually. Contact Patty Vann, Grants Subrecipient Monitoring Administrator (317-221-8379) if you have any questions. Failure to respond may affect your access to grant funds. Signed and dated form should be returned to the Ryan White Program as part of your reimbursement request.