



LCAN Time and Effort Activity Report

Directions: Type or legibly print answers in each section. Signature must be handwritten or a verifiable electronic signature. Scanned copies of this document are acceptable, however please retain the original.

- 1) **Contributor First & Last Name:** _____
- 2) **Organization Being Supported:** _____
- 3) **Timeframe (Month & Year):** _____
- 4) **Position:** LCAN Coordinator Administrator Staff Volunteer
 Other (please define) _____

5) **Listing of Hours Donated by Date:**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Total Hours:			

6) Please provide a complete yet concise description of the work performed during this period:

7) This contribution is for:

Federal Cost Reimbursement	Matching Funds
<input type="checkbox"/> Rate Per Hour: \$_____	<input type="checkbox"/> Position Salary Hourly Rate: \$_____
	<input type="checkbox"/> Volunteer Rate: \$_____

8) **CALCULATED VALUE OF TIME & EFFORT:** \$ _____

For All: By signing below, I certify that the above distribution of time and/or effort directly supported the LCAN Grant. I have not been compensated by any federal funds for these activities, nor has any of this time been donated as in-kind match for any other program. I hereby certify UNDER PENALTY OF PERJURY under the laws of the State of Iowa, that this information is true and correct.

Signature of Employee or Supervisor

Date: _____