cdfa

Healthy Soils Program Demonstration Projects

TIME & ACTIVITY REPORT

STAFF NAME:	TITLE:	PROJECT NUMBER:

REPORTIN PERIOD:		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
																																		0
																																		0
																																		0
																																		0
																																		0
																																		0
																																		TOTAL
																																		0

DESCRIPTION OF ACTIVITIES FOR EACH PERIOD:

Reporting Period:			
Practice implementation:			
Data Collection:			
Outreach activites:			

I certify that the hours idenfied above are accurate and valid.

STAFF SIGNATURE _____ DATE _____

☐ APPROVED

☐ DISAPPROVED SIGNATURE OF PI _____ DATE _____

Hourly Rate: _____

Fringe Benefits Rate: 0.00%

Instructions:

1. Time and Activity Reports must be maintained for all employees whose time is charged against a grant, including hourly and salaried employees.
2. Time and Activity Report must contain employee's name, title, reporting period, and must be signed by both the employee and the principal investigator (PI).
3. Provide a description of the activities completed during each reporting period associated with project implementation. Description should be consistent with the approved Project Work Plan and timeline.

Reporting Period Total Salary: $ 0.00

Reporting Period Total Fringe Benefits: $ 0.00