



ATTACHMENT G  
CY24 - SBDC SERVICE CENTER  
QUARTERLY TIME AND EFFORT REPORT

**Report Period:**

**SBDC Program Funded Staff Name:**

**Host Institution Name (Employer):**

**Directions:** In the table below only enter the Host Institution account number (Acct#, GL#, FOPAL, etc.) that the SBDC Program Funded Staff payroll was charged to for the Report Period.

Program	Activity	Actual % of Payroll	Actual % of Time and Effort	Acct #
SBDC Program	SBDC Program Outreach & Services	100%	100%	

I understand that incorrectly charging time to federal awards is making a false claim against the government and carries criminal penalties. I certify that the information listed above is correct:

**Signature of SBDC Program Funded Staff** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Staff Member's Supervisor** \_\_\_\_\_ **Date:** \_\_\_\_\_

File Original at your Institution's Grant Office and submit a signed copy along with a printed GL statement from your accounting system that shows the actual payroll amounts for the individual and acct # the payroll was charged to for the report period.

Per the Cooperative Agreement, SBDC Program Funded Staff must spend 100% of their time on SBDC Program activities.