**CDBG ADMINISTRATIVE ACTIVITY REPORT**

CDBG Grant Project, or CDBG Loan Fund Name:

Employee Name:

Community/CDBG Contractor Name:

Employee Hourly Rate of Compensation:

Activity Period:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **PROJECT** | **WORK DESCRIPTION** | **CDBG HOURS** | **OTHER HOURS** |
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|  |  | **TOTAL HOURS** |  |  |

I certify, to the best of my knowledge that the hours reported herein are correct and CDBG hours worked were related to eligible CDBG activities.

Employee Signature Printed Name and Title Date

Employer Signature Printed Name and Title Date

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| --- | --- | --- | --- | --- |
| **DATE** | **PROJECT** | **WORK DESCRIPTION** | **CDBG HOURS** | **OTHER HOURS** |
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|  |  | **TOTAL HOURS** |  |  |