



ATTACHMENT G
CY25 - 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 full 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	Full Acct #
SBDC Program	SBDC Program Outreach & Services	100%	100%	

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”:

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 of this form 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. Please list the full account number on this form so that an auditor can easily match this time and effort report to the GL statement you submit for the report period.

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