

CDBG Daily Work Activity Certification

Employee Name _____

Month/Year _____

CDBG PROJECT #: _____

Date	Day	CDBG Activity Code(s)	CDBG Activity Hours	Other Activity Code(s)	Other Hours	Off / ABS Hours	Total Hours
1	Mon	A	4	I	4	0	8
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			4		4	0	8

CDBG Activity Codes*	
A	<i>Legal Consultation</i>
B	
C	
D	
E	
F	

* Other activities unique to this project may be used to supplement or in place of this list.

Other Activity Codes	
I	<i>Translation Service</i>
J	
K	
L	
M	

X

 (Supervisor sign and date)

I certify that the information provided in this form accurately accounts for total activity performed.

X

 (sign and date)

CDBG % time: _____ %
 (TOTAL CDBG Activity Hours divided by TOTAL HOURS)