

The Health Foundation of Central Massachusetts

Synergy Initiative Time and Effort Reporting Form

The Health Foundation asks that staff whose salaries are being paid in part or entirely by a grant from the Foundation or as an in-kind contribution, complete this form in order to verify that their actual time and effort as indicated in the grant budget is being committed to the grant project.

This form is to be submitted with each process evaluation and grant summary report.

Project Name: _____

Employing Organization: _____

Job Title: _____

Reporting Period: From _____ to _____

I hereby certify that during this reporting period I dedicated the following to the project named above:

_____ *Percent of my time and effort*

_____ *Hours per week*

Employee Signature: _____

Date: _____

Employee Name: _____

I have first-hand knowledge of the work performed by this individual.

Supervisor's Signature: _____

Date: _____

Supervisor's Name: _____

Title: _____