



GEAR UP
IOWA
A Program of Iowa College Aid

Monthly Time & Effort Activity Report

Directions: This form will be used for both reimbursement and in-kind efforts. Please type or legibly print. Incomplete or illegible documents may be returned for correction. Document signature must be either handwritten or a verifiable electronic signature. Scanned copies of this document are acceptable; please retain the original as mandated by grant regulations.

1) **Contributor First & Last Name:** _____

2) **School, District or Agency Being Supported:** _____

3) **Month & Year Being Reported:** _____

4) **Position:** Teacher/Counselor School/District Administrator Volunteer
 GEAR UP School Staff Other (please define) _____

5) **Listing of Hours for the Month by Date:**

1	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 of Hours for the Month: _____

6) **Please provide a complete yet concise description of the work performed during this period:**

7) **This contribution is for:**

Federal Cost Reimbursement	Matching Funds
<input type="checkbox"/> Position Salary Hourly Rate: \$ _____ (Optional) Benefit Hourly Rate: \$ _____	<input type="checkbox"/> Position Salary Hourly Rate: \$ _____ <input type="checkbox"/> Current Volunteer Rate for Iowa: \$ _____ (published on www.independentsector.org)
<input type="checkbox"/> Agreed Upon Stipend (Monthly): \$ _____	

8) **CALCULATED TOTAL VALUE OF TIME & EFFORT: \$** _____

For Teachers/Certificated Staff: The time donated to conduct these activities occurred outside my normal work duties, beyond my normal contract day.
For All: By signing below, I certify that the above distribution of time and/or effort directly supported the GEAR UP Iowa project and GEAR UP students. I have not been compensated by any federal funds for these activities, nor has any of the time been donated as in-kind match for any other program. I hereby certify UNDER PENALTY OF PERJURY under the laws of the state of Iowa, that this information is true and correct.

Signature of Employee (or Employee's Supervisor)

Date