

**MONTHLY CONTRACT/GRANT EFFORT
REPORT HUDSON VALLEY COMMUNITY
COLLEGE**

EMPLOYEE NAME: _____

EMPLOYEE BANNER ID #: _____

TITLE/POSITION: _____

MONTH _____ **YEAR** _____

GRANT NUMBER	# HOURS SPENT ON GRANT

I certify the above information to be a reasonable estimate of my effort to the best of my knowledge and ability.

Employee Signature *Date*

Supervisor Signature *Date*

*Send signed copy to Grants Administration Office at
grants@hvcc.edu*