**Program Description:** **Choose an item.**

**Grantee Name/Agreement ID:**

**Reporting Period:** **Choose an item.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Federal Personnel | | | | | | |
| Page #(s) | Expense Type | Vendor Name | Employee Name/Job Title | Gross Salary | Effort Percent | CFWYI Share |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |

Revised 02/27/2025