

MONTGOMERY COLLEGE GRANTS PERSONNEL FORM

Grant Name: _____

Sponsor Award ID: _____

Grant Year: _____ of _____

Banner Fund Number: _____

Grant Project Director: _____

Semester, Year: _____

Because of Financial Reporting and/or Invoicing deadlines, please note the following due dates:

Fall December 15

Spring June 15

Summer August 15

For FACULTY:

| | M Number | Faculty Name | Position per Grant Proposal | FT/ PT? | Budgeted ESH | Grant- Funded (G) or In-Kind (I)? | ESH reported on T&E | Collected T&E Report? |
|-----|-------------|--------------|-----------------------------------|------------|-----------------|---|---------------------------|--------------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |

For STAFF:

| | M Number | Staff Name | Position per Grant Proposal | FT/ PT? | Budgeted Work Hours | Grant- Funded (G)or In-Kind (I)? | Work Hours reported on T&E | Collected T&E Report? |
|----|-------------|------------|-----------------------------------|------------|---------------------------|--|-------------------------------------|--------------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

| | M Number | Staff Name | Position per Grant Proposal | FT/ PT? | Budgeted Work Hours | Grant- Funded (G)or In-Kind (I)? | Work Hours reported on T&E | Collected T&E Report? |
|-----|-------------|------------|-----------------------------------|------------|---------------------------|--|-------------------------------------|--------------------------|
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |

I certify that to the best of my knowledge the above allocation of time expended performing Federal, State and other program duties is true and accurate.

Grant Project Director Signature/Date

I have reviewed to the best of my knowledge the above allocation of time expended performing Federal, State and other program duties is true and accurate.

Grant Compliance Office Signature/Date

I have reviewed to the best of my knowledge the above allocation of time expended performing Federal, State and other program duties is true and accurate.

Grant Accountant Signature/Date

Key:



To be completed by the Grant Project Director

To be completed by the Grant Accountant

To be completed by the Grant Compliance Officer