

HPNAP Operations Support Grants Program
 Documentation for **2ndhalf** of fiscal year
Staff Cover Sheet

FY 2017-2018
 May 1, 2018-September 30, 2018

Agency Name:

Agency Number:

Total Award Amount: \$

Award Amount for This Half: \$

<u>Name of staff</u>	<u>Position</u>	<u>Pay Period</u>	<u>Hours charged to grant</u>	<u>Hourly Rate of Pay</u>	<u>Charge to grant</u>
Employer's Signature _____					

Please check the following boxes upon completion and return with documentation by October 12, 2018

I have enclosed (choose only one):

A copy of the payroll register

OR

Copies of paystubs

OR

Copy of W-2 forms