

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

FY 2018-2019  
 May 1, 2019-October 31, 2019

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 November 11, 2019**

I have enclosed (choose only one):

A copy of the payroll register

**OR**

Copies of paystubs

**OR**

Copy of W-2 forms