

City of Peoria CDBG Public Services Cover Letter

Organization Name:

Program Name:

Reporting Period: Quarter #1 (due 4/10/XX) Quarter #2 (due 7/10/XX) Quarter #3 (due 10/10/XX) Quarter #4 (due 1/10/XX)

Staff Name	Staff Title	Admin/Non-Admin (Admin expenses cannot exceed 5% of total budget)	CDBG Percentage (% time worked on program x % CDBG-eligible clients)
		<input type="checkbox"/> Admin <input type="checkbox"/> Non-Admin	
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		<input type="checkbox"/> Admin <input type="checkbox"/> Non-Admin	

Please provide documentation that shows how CDBG percentage was calculated for each staff member (i.e. time allocation sheets, timesheets, etc.).

If different from the percentages listed above, please explain how the request for reimbursement of salaries, benefits, or taxes is calculated.