

COST SHARE TRACKING SHEET

COVER THE BORDER HAZARD MITIGATION PLAN

Name of Employee	Social Security	Title of Position

Jurisdiction	Unit	Rate of Pay / % of Benefits

I, the undersigned, hereby confirm that as a part of the Cover the Border Hazard Mitigation Plan, that I committed the following number of hours, including travel time to meetings to this project.

Participation in Kickoff Meeting	
Completion of Capabilities Assessment	
Participation in Workshop Meeting	

I CERTIFY THAT THE ABOVE ESTIMATED HOURS REPRESENTS A REASONABLE APPROXIMATION OF MY ACTIVITY ON THIS PROJECT	I CERTIFY THAT THE ACTUAL TIME INDICATED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
<hr style="border: 0.5px solid black;"/> EMPLOYEE'S SIGNATURE	<hr style="border: 0.5px solid black;"/> PROJECT DIRECTOR
<hr style="border: 0.5px solid black;"/> DATE	<hr style="border: 0.5px solid black;"/> DATE

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.	
<hr style="border: 0.5px solid black;"/> DIRECTOR, OFFICE OF BUDGET, PAYROLL, GRANTS, AND CONTRACTS	<hr style="border: 0.5px solid black;"/> DATE