

Project Skills Assurance of Match

Educational Coop: _____
School District: _____
Address: _____
Address: _____
City, State & Zip: _____

Reporting Period: Check the Reporting Period
Oct - Dec _____ (due by January 31st)
Jan - March _____ (due by April 30th)
April - June _____ (due by July 31st)
July - Sept _____ (due by October 31st)

Name of Each Employee who Provided Services	Employee's Hourly Cost	Hours Dedicated to:				Hourly Personnel Cost X Total Hours
		JD	JC	MS	Total	
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$
Total for this Reporting Period	\$					\$

JD = Job Development **JC** = Job Coaching **MS** = Monitoring Student at Employment Site

Reports are to be submitted within 30 days after the completion of the reporting period to: South Dakota Division of Rehabilitation Services, c/o 500 East Capitol, 3800 E HWY 34, Pierre, SD 57501
 Or email the report to Katie.Gran@state.sd.us

The match cannot be federal funds. Funds made available to Bureau of Indian Affairs under the provisions of P.L. 107-110 are exempt and are being treated as Federal funds for matching purposes.

I affirm that the above reported staff spent the time indicated above and that no portion of their salary was derived from federal funds or funds provided by participants in their program.

 Authorized Signature for School District

 Date

 Printed name of person completing this form

 Phone Number