## **MONTHLY REPORTING FORM**

## **Title III - Socialization & Recreation**Staff Hours & Unduplicated Counts

Tribe:		-				
Prepared b	y:			Month/Year		
Event Date	Event Description	Location of Event	# Staff Supporting Event	# Staff Hours	# unduplicated client under 60 (for SSR Form)	
-	I Dicated number, only count a client ON Use the unduplicated count on the Soc				0 ce July 2019, you	do not count
Monthly H	ours to report on AG053 Financial i	report			0	
	Preparer's Signature	•		Date	-	
	Supervisor's Signature			Date		