November 4, 2020

Note: Per 2 CFR 200.430 (a) Compensation-personal services (1) states, “Is reasonable for the services rendered and conforms to the established written policy of the non-Federal entity consistently applied to both Federal and non-federal activities;”

2 CFR 200.431 (a) Compensation-fringe benefits (2) states, “The costs are equitable allocated to all related activities, including Federal awards;”

A significant factor in determining whether an employee works on a Single Cost Objective or Multiple Cost Objectives is the number of duties or projects the employee performs, not the number of fund sources.

Single Cost Objective Positions

* Position description that verifies activities are related to single cost objective, Complete a semi-annual certification at least every 6 months, and Certification is signed after-the-fact by the employee and supervisor with first-hand knowledge of worked performed by employee.

Multiple Cost Objective Positions

* Complete Personnel Activity Report (PAR) at least monthly, In the PAR, account for the total activity for which the employee is compensated (i.e., all 40 hours in a week, even if only 10 hours were spent on the grant project objectives); Signed after-the-fact by employee and the supervisor with first-hand knowledge of worked performed by the employee, Reflects actual work performed (not the work budgeted), and Maintain supporting documentation to demonstrate the amount of time charged to the grant is at least the amount of actual time the position worked on the grant’s objectives. Supporting documentation can be a schedule of actual work or any time tracking system.

Supporting documentation for positions that have multiple cost objectives must be sufficient enough that an auditor can be reasonably assured that the costs were accurate and properly allocated. Budgeted amounts never qualify as supporting documentation.

See examples on next pages.

**Example of a Semi-Annual Certification**

(Above Title of the form needs to be on the document)

**Activity Report for Employees Coded to a Federal Grant**

**School Year 2018-2019**

**XYZ Public Schools** (Name of Entity is required)

**IDEA 6410 Funding (100 %)** (Include the Federal Program and all funding sources if applicable)

**(Federal Program salary paid from)**

**For the 1st Semester 2018 – 2019 School Year** (Must have the reporting period)

**I certify that the employee listed below worked 100% of their time on a single federal award or cost objective.**

|  |  |
| --- | --- |
| **Employee Name** | **Employee Title** |
| **Susan J Doe** | **Teacher** |

(Must have the employees name and title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisory Signature Date**

(The above signature are signed and dated after-the-fact, ensure actual time worked is accurately reflected)

*This support is for the above time and effort example*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **100 % or a single federal award cost objective** | | | | |
| XYZ School District | | | | |
| 2018/19 School Year | | | | |
|  |  |  |  |  |
| Certified Staff | | | | |
| Coding | Date | Account Description | Name | Amount |
| 01-2-06410-111-001-0000 | 9/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 10/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 11/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 12/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 1/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 2/28/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 3/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 4/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 5/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 6/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 7/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
| 01-2-06410-111-001-0000 | 8/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 5,000.00 |
|  |  |  |  |  |
|  |  |  |  | $ 60,000.00 |
|  |  |  |  |  |
|  |  |  |  |  |
| Coding | Date | Account Description | Name | Amount |
| 01-2-06410-200-001-0000 | 9/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 10/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 11/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 12/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 1/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 2/28/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 3/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 4/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 5/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 6/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 7/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
| 01-2-06410-200-001-0000 | 8/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,500.00 |
|  |  |  |  |  |
|  |  |  |  | $ 18,000.00 |
|  |  |  |  |  |

**Example of Semi-Annual Certification**

(Above Title of the form needs to be on the document)

**Activity Report for Employees Coded to a Federal Grant**

**School Year 2018 - 2019**

**XYZ Public Schools** (Name of Entity is required)

**IDEA 6410 Funding (80 %) and General Funding (20 %)** (Include the Federal Program and all funding sources if applicable)

**(Federal Program salary paid from) (Other source of funding, ie District)**

**For the 1st Semester 2018- 2019 School Year** (Must have the reporting period)

**I certify that the employee listed below worked 100% of their time on a single federal award or cost objective.**

|  |  |
| --- | --- |
| **Employee Name** | **Employee Title** |
| **Susan J Doe** | **Teacher** |

(Must have the employees name and title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisory Signature Date**

(The above signature are signed and dated after-the-fact, ensure actual time worked is accurately reflected)

*This support is for the above time and effort example*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Split Coding Example** | | | | |
| XYZ School District | | | | |
| 2018/19 School Year | | | | |
|  |  |  |  |  |
| Certified Staff | | | | |
| Coding | Date | Account Description | Name | Amount |
| 01-2-06410-111-001-0000 | 9/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 10/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 11/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 12/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 1/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 2/28/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 3/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 4/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 5/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 6/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 7/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
| 01-2-06410-111-001-0000 | 8/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 4,000.00 |
|  |  |  |  |  |
|  |  |  |  | $ 48,000.00 |
|  |  |  |  |  |
|  |  |  |  |  |
| Coding | Date | Account Description | Name | Amount |
| 01-2-06410-200-001-0000 | 9/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 10/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 11/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 12/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 1/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 2/28/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 3/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 4/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 5/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 6/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 7/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
| 01-2-06410-200-001-0000 | 8/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,200.00 |
|  |  |  |  |  |
|  |  |  |  | $ 14,400.00 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 01-02-01200-111-001-0000 | 9/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 10/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 11/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 12/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 1/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 2/28/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 3/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 4/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 5/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 6/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 7/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
| 01-02-01200-111-001-0000 | 8/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 1,000.00 |
|  |  |  |  |  |
|  |  |  |  | $ 12,000.00 |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Date | Account Description | Name | Amount |
| 01-2-01200-200-001-0000 | 9/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 10/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 11/30/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 12/31/2018 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 1/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 2/28/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 3/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 4/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 5/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 6/30/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
| 01-2-01200-200-001-0000 | 7/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
|  | 8/31/2019 | IDEA- Part B-611-EP-6410 | Susan J Doe | $ 300.00 |
|  |  |  |  |  |
|  |  |  |  | $ 3,600.00 |
|  |  |  |  |  |

**Example of a PAR** (Title of the form needs to be on the document)

Employee: Jane Doe (Must have the employees name and title)

Position: Instructional Assistant

School: Lincoln Elementary

**Certification Period:**

**8 / 15 / 2018 to 8 / 19 / 2018** (Must have the reporting period)

**Type of Schedule:**

**\_\_\_Daily**

**\_x\_Weekly**

**\_\_\_Biweekly**

**\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Program or Cost Objective** | **Distribution of Time** |
| Title I, Part A – Improving the Academic Achievement of the Disadvantaged | 42% |
| IDEA, Part B – Federal Special Education | 17% |
| State or Local | 41% |
| **TOTAL** | **100%** |

(Include the Federal Program and all funding sources if applicable)

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Jane Doe 2/20/2019

Employee Signature Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Mary Smith 2/21/20139

Supervisor Signature Date

(The above signature are signed and dated after-the-fact, ensure actual time worked is accurately reflected)

**The schedule below or some schedule like the one below must accompany this page to show support for percentages.**

*The above and below examples are only examples. If you use these examples please ensure that you change all data to reflect your entities documentation.*

*This support is for the above example*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Totals** |
| *8:00-8:30*  Consult with staff regarding Title I students | *8:00-8:30*  Consult with staff regarding Title I students | *8:00-8:30*  Consult with staff regarding Title I students | *8:00-8:30*  Consult with staff regarding Title I students | *8:00-8:30*  Consult with staff regarding Title I students | 150 Minutes Title |
| *8:30-8:45* Break | *8:30-8:45* Break | *8:30-8:45* Break | *8:30-8:45* Break | *8:30-8:45* Break | 75 Min General |
| *8:45-9:15*  Special ed. support | *8:45-9:15*  Special ed. support | *8:45-9:15*  Special ed. support | *8:45-9:15*  Special ed. support | *8:45-9:15*  Special ed. support | 150 Minutes IDEA |
| *9:15-10:00*  Small group reading | *9:15-10:00*  Small group reading | *9:15-10:00*  Small group reading | *9:15-10:00*  Small group reading | *9:15-10:00*  Small group reading | 225 Minutes General |
| *10:00-10:30*  Small group math | *10:00-11:00*  2nd grade Title I reading/math | *10:00-10:30*  Small group math | *10:00-11:00*  2nd grade Title I reading/math | *10:00-10:30*  Small group math | 90 Min General |
| *10:30-11:00*  2nd grade Title I reading/math | *10:30-11:00*  2nd grade Title I reading/math | *10:30-11:00*  2nd grade Title I reading/math | 210 Minutes Title |
| *11:00-11:30*  Lunch Break | *11:00-11:30*  Lunch Break | *11:00-11:30*  Lunch Break | *11:00-11:30*  Lunch Break | *11:00-11:30*  Lunch Break | 150 Min General |
| *11:30-11:45*  Individual special ed. student catch-up | *11:30-11:45*  Individual special ed. student catch-up | *11:30-11:45*  Individual special ed. student catch-up | *11:30-11:45*  Individual special ed. student catch-up | *11:30-11:45*  Individual special ed. student catch-up | 75 Minutes IDEA |
| *11:45-12:35*  Small group math | *11:45-12:35*  Small group math | *11:45-12:35*  Small group math | *11:45-12:35*  Small group math | *11:45-12:35*  Small group math | 250 Min General |
| *12:35-1:05*  Individual special ed. student catch-up | *12:35-1:05*  Individual special ed. student catch-up | *12:35-1:05*  Individual special ed. student catch-up | *12:35-1:05*  Individual special ed. student catch-up | *12:35-1:05*  Individual special ed. student catch-up | 150 Minutes IDEA |
| *1:05-1:20* Break | *1:05-1:20* Break | *1:05-1:20* Break | *1:05-1:20* Break | *1:05-1:20* Break | 75 Min General |
| *1:20-1:40*  Title I prep | *1:20-1:40*  Title I prep | *1:20-1:40*  Title I prep | *1:20-1:40*  Title I prep | *1:20-1:40*  Title I prep | 100 Minutes Title |
| *1:40-2:30*  First grade Title I reading/math | *1:40-2:30*  First grade Title I reading/math | *1:40-2:30*  First grade Title I reading/math | *1:40-2:30*  First grade Title I reading/math | *1:40-2:30*  First grade Title I reading/math | 250 Minutes Title |
| *2:30-3:30*  Title I lesson planning and student learning plan follow-up | *2:30-3:00*  Title I lesson planning | *2:30-3:30*  Title I lesson planning and student learning plan follow-up | *2:30-3:00*  Title I lesson planning | *2:30-3:30*  Title I lesson planning and student learning plan follow-up | 240 Minutes Title |
| *3:00-3:30*  Bus duty | *3:00-3:30*  Bus duty | 60 Min General |

Total Minutes 2250 divided by 60 minutes = 37.5 hours

Total Title I Minutes 950 divided by 2250 = 42%

Total IDEA Minutes 375 divided by 2250 = 17%

Total General Minutes 925 divided by 2250 = 41%

**Example PAR** (Title of the form needs to be on the document)

Employee: Susan J Doe (Must have the employees name and title)

Position: Instructional Assistant

School: XYZ Public School

**Certification Period:**

**8 / 1 / 2018 to 8 / 31 / 2018** (Must have the reporting period)

**Type of Schedule:**

**\_\_\_Daily**

**\_x\_Monthly**

**\_\_\_Biweekly**

**\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Program or Cost Objective** | **Distribution of Time** |
| IDEA 6410 EP – Federal Special Education | 50% |
| IDEA 6406 EC – Federal Special Education | 30% |
| State or Local | 20% |
| **TOTAL** | **100%** |

(Include the Federal Program and all funding sources if applicable)

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Jane Doe 2/20/2019

Employee Signature Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Mary Smith 2/21/2019

Supervisor Signature Date

(The above signature are signed and dated after-the-fact, ensure actual time worked is accurately reflected)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff Name: | Susan J Doe |  |  |  |
| Month/Year: | Oct-18 |  |  |  |
|  | IDEA 6410 EP | IDEA 6406 EC | General Funds | Total Hours |
| Date |  |  |  |  |
| 1 | 6 | 1 | 1 | 8 |
| 2 | 5 | 2 | 1 | 8 |
| 3 | 4 | 2 | 2 | 8 |
| 4 | 3 | 3 | 2 | 8 |
| 5 | 2 | 3 | 3 | 8 |
| 6 |  |  |  | 0 |
| |  | | --- | | 7 | |  |  |  | 0 |
| 8 | 6 | 1 | 1 | 8 |
| 9 | 5 | 2 | 1 | 8 |
| 10 | 4 | 2 | 2 | 8 |
| 11 | 3 | 3 | 2 | 8 |
| 12 | 2 | 3 | 3 | 8 |
| 13 |  |  |  | 0 |
| 14 |  |  |  | 0 |
| 15 | 6 | 1 | 1 | 8 |
| 16 | 5 | 2 | 1 | 8 |
| 17 | 4 | 2 | 2 | 8 |
| 18 | 3 | 3 | 2 | 8 |
| 19 | 2 | 3 | 3 | 8 |
| 20 |  |  |  | 0 |
| 21 |  |  |  | 0 |
| 22 | 6 | 1 | 1 | 8 |
| 23 | 5 | 2 | 1 | 8 |
| 24 | 4 | 2 | 2 | 8 |
| 25 | 3 | 3 | 2 | 8 |
| 26 | 2 | 3 | 3 | 8 |
| 27 |  |  |  | 0 |
| 28 |  |  |  | 0 |
| 29 | 4 | 4 | 0 | 8 |
| 30 | 4 | 3.5 | 0.5 | 8 |
| 31 | 4 | 3.5 | 0.5 | 8 |
| Monthly Totals | 92 | 55 | 37 | 184 |
| Percentage | 50% | 30% | 20% |  |