

CARE Act Quarterly Administrative Cost Reimbursement ClaimDate: _____ Fiscal Year: 26/27 County: _____ County Code: _____

Quarter: _____ Number of CARE Act Participants: _____

Activity	Total Hours	Activity Rate	Total Claim Amount
Court Report Activity		125.94	
Court Hearing Time Activity		100.39	
Notice Activity		71.65	
Outreach and Engagement Activity		86.2	
Data Reporting		106.36	
Total Claim:			

Certification

Executed at: _____

Name: _____ Title: _____

I certify that the staff hours spent on CARE Act activities are accurate and verifiable.

Signature: _____ Date: _____