**Program Description:** **FVPSA HURRICANE FFY23-27**

**Grantee Name/Agreement ID:**

**Reporting Period:** **Choose an item.**

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| Federal Personnel | | | | | | |
| Page #(s) | Expense Type | Vendor Name | Employee Name/Job Title | Gross Salary | Effort Percent | CFWYI Share |
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Revised 02/27/2025