Effort Detail Activity Report

Abraham Baldwin Agricultural College

Office of Sponsored Programs

Name: _____ **Month/Year: ___/_____**

Grant: _____

Date	**Purpose** *(Administrative, partnership meeting, worksite visit, field training, student instruction etc.)*	**Qualitative Details** *(Brief description of meeting or event. Name and title of people at meetings)*	**Quantitative Details** *(Number of hours spent at event/class/meeting; number of hours in instructional design or at field visit or demo)*
		Total Hours	