



Attachment F-3 Due every **Monday by NOON** to [bella@dcworks.org](mailto:bella@dcworks.org)

**AGENCY NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SYEP Week Number:** \_\_\_\_\_ **Prepared**

**by:** \_\_\_\_\_

Youth	Hours Worked Total not including breaks

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For Office Use:

Total spent on youth: \_\_\_\_\_

Is agency on track for spending? (Y/N): \_\_\_\_\_