Federal Program Employee Certification Form

FUNDING CERTIFICATION FORM

Instructions: Employees working entirely on a single cost objective during the report period are required to complete this certification form prior to reimbursement. This certification must be signed by the employee and a supervisor. The form must be made available to state and federal auditors upon request.

Purpose of Form: OMB Circular A-87 requires employees who are compensated by federal grant dollars and work solely on a single award or cost objective to submit a <u>certification</u> that the employee worked solely on that program for the period covered by the certification.

| Location: | Contact Person: |
|------------------------|-----------------|
| Time Reporting Period: | Beginning: |
| | |
| | Ending: |

| I certify that 100% of my work time during this time period was spent on the federally funded program listed below: | | | |
|--|----------|--------------------------|--|
| Employee Name | Position | Cost Objective Funded by | |
| | | | |
| | | | |
| Employee Signature | | Supervisor's Signature | |
| Printed Name | | Printed Name | |
| Date | . – | Date | |