_____ LEA NAME
OFFICE OF _____
Address
_____ PHONE ▪ _____ FAX

TO:

cc: Business Manager

FROM:

DATE:

RE: **Single**-Funding **Certification Form**

The purpose of this memorandum is to establish a method for documenting that the federal grant funds we receive have been used in accordance with grant purposes. Local education agencies must properly document that personnel costs funded by federal grants were used to achieve the purpose of the grant.

The attached form has been developed to meet this requirement. All employees at least partially paid with Federal funds and working in a single cost objective will be asked to complete the **Single-Funding Certification Form**. The supervisor is required to sign the form, certifying that the after-the-fact time spent on federal grant programs and activities is accurate. The forms should be submitted on a semi-annual basis with the first report period covering July 1, 20___, through December 31, 20__. The completed form must be forwarded to _____ by _____, along with the individual's schedule and student list. **A subsequent report will be due by July 1, 20___.** Preprinted forms are attached for your use.

In the event that an employee is not spending their time on the grant activities as required, the supervisor will work with the individual to ensure that the work effort is appropriate to the grant requirements and funding percentage, making necessary payroll reconciliations if needed per 2 CFR 200.430.

Attachments

_____ LEA NAME
OFFICE OF _____
Address
_____ PHONE ▪ _____ FAX

SINGLE FUNDING CERTIFICATION

This form is required to be signed twice annually by all employee(s) working solely on a single cost objective (for example, Title I Admin, etc.) and should be available for audits and review during a monitoring visit. A copy must be included in the LEA time and effort procedures.

NAME: *DATE: include time frame, i.e., January 1 – June 30, 2022*

OFFICE/SCHOOL:

I hereby certify that I spent 100% of my day working on (include cost objective, i.e., Schoolwide Program during the time period indicated above.

_____ _____
EMPLOYEE SIGNATURE, Position DATE

_____ _____
SUPERVISOR SIGNATURE, Position DATE