

Semiannual Certification

Period Covered _____ Fiscal Year _____

Employee Name _____

School / Division / Department _____

Cost Objective / Program Title	Fund / Resource Code	Percentage of Effort
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100%

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and that I have full knowledge of 100 percent of these activities.

Employee or Supervisory Official

Date

1. This certification:

Is for employees working solely (100 percent) on a single cost objective charged to federal or state programs or from a single nonfederal categorical program used in meeting cost-sharing or matching requirements of federal awards.

May not meet certain program requirements, such as the direct services to students and administrative costs requirements of Title I, Part A and Economic Impact Aid.

2. Certification must be prepared at least semiannually and cover the entire period of the certification (e.g., six months for a semiannual certification).

3. This certification must be signed by the employee or supervisory official having firsthand knowledge of the work performed by the employee. Pursuant to a recommendation by the United States Department of Education and to facilitate good internal control, LEAs may wish to require both signatures.