



## APPENDIX A

### TECHNICAL COLLEGE SYSTEM OF GEORGIA OFFICE OF ADULT EDUCATION

#### SEMI-ANNUAL CERTIFICATION FORM: MULTIPLE EMPLOYEES, ONE FUNDING SOURCE

*This certification form is to be completed by supervisors for employees whose salary is 100% paid from one funding source. **The form must be signed by a supervisor that has direct, first-hand knowledge of the work performed.***

**Grant Title:** Adult Education & Family Literacy Act

**Grant Number:** 84.002A

**Program:**

**Supervisor:**

All employees who are paid in full or in part with federal funds must keep specific documents to demonstrate the amount of time they spent on grant activities. (2 C.F.R. § 200.430(i)(1)) Charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed.

I understand that the positions(s) filled by the following employees are supported entirely by the respective funding source listed in the chart below. **I certify that 100% of each listed employee's duties were related to activities in compliance with the Adult Education & Literacy Act grant award during the period from \_\_\_\_\_ to \_\_\_\_\_**

The information recorded on this form is true and correct to the best of my knowledge.

Employee Name	Position	Funding Source	Funding %
			100%
			100%
			100%

