

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 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

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	Fundi- ng %
			100%
			100%
			100%
			100%
			100%
			100%
			100%
			100%
			100%

Employee Name	Position	Funding Source	Fundi- ng %
			100%
			100%
			100%
			100%
			100%
			100%

Printed Name of Supervisor

Signature of Supervisor

Date