

## 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.

knowledge of t	he work performed.
<b>Grant Title:</b> Adult Education & Family Literacy Act	

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 fundi	ng
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.

**Grant Number:** 84.002A

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 Na	ame of Supervisor	Signature of Supervisor	

Date