|  |
| --- |
| **STATE** |
| **FUNDING CERTIFICATION FORM**  **ARKANSAS ADULT EDUCATION SECTION** |
| ***Instructions:*** Employees working entirely on one **state** program during the report period should complete this certification form immediately following the end of reporting period. The form must be made available to state and federal auditors upon request.  ***Purpose of Form***: OMB Circular A-87 requires employees who are compensated by federal or **state** matching grant dollars and work solely on a single award or cost objective to submit at least semi-annual certifications that the employee worked solely on that program for the period covered by the certification. |

|  |  |
| --- | --- |
| **Location:** | **Contact Person:** |
| **Fiscal Year:** | **Contact Phone #:** |

|  |  |
| --- | --- |
| **Time Reporting Period:** | **Beginning:** |
| **Ending:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I certify that 100% of my work time during this time period was spent on the **state** funded program checked below: | | | | | | |
|  | | | | | | |
|  | | |  |  | | |
| Employee Signature | | |  | Supervisor’s Signature | | |
|  | | |  |  | | |
| Printed Name | | |  | Printed Name | | |
|  |  |  |  |  |  |  |
| Date | | |  | Date | | |