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| **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.  |

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

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

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| --- |
| 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 |