Single Federal Award or Cost Objective

This form is required to be signed twice annually by the employee(s) paid solely from a single federal fund, (for example, Title I, Title II, IDEA Part B, etc.) or who work solely on a single cost objective and should be available for audit and monitoring reviews.

SDE Recommended Tracking states "where employees are expected to work solely on a single federal award or cost objective charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on the program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee and supervisory official having first-hand knowledge of the work performed by the employee."

I,		
(Name)(Title)		
Certify that 100% of my time has been sp	pent performing du	ties associated with
for the period of (July 1 through Decer current year.	mber 31) or (Janua	ry 1 through June 30) of the
(Underline o	r circle the correct per	iod)
	Employee Signature	Date
	Supervisor Signature	Date
*Insert the name of the federal award special	or cost objective.	Cost objectives could include
education, IDEA Part B Maintenance of etc.	Effort Preschool p	rogram,
Legal Reference: Idaho SDE IDEA Par	rt B Funding Manu	al
Adopted: April 9, 2019		
Reviewed: Revised:		