INTERMEDIATE UNIT 26
Federal Grant Program – Time and Effort Certification Form

FISCAL YEAR _____

100% Time and Effort Certification Form (CERTS)

For the Period of July 1 through June 30

A. School / Office: _____ Org. No.: _____

B. ☐ School – Wide Certification	**C. ☐ Regular Certification**
	D. Cost Objective:
This is to certify that the individuals in the positions listed below have worked 100% of their time during the regularly defined work day for the 12 month period on the Title I Schoolwide Program. Include all instructional positions, instructional and non-instructional paraprofessionals, and non-instructional positions	This is to certify that the following individuals in the positions listed below have worked 100% of their time during the regularly defined work day during the 12 month period on the Cost Objective indicated above
Name	**Position**

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Name	Position

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E.

Below, list all positions and persons filling those positions that either worked on the Schoolwide Program or a single cost objective, as may be applicable, but who did NOT work the entire 12 month certification period. Include start and end dates.

Name	Position	Start Date	End Date

I have full knowledge of 100% of these activities.

F. Principal / Administrator _____ Signature _____

Print Name Signature

G. School / Office: _____ Location (Org. Code) Number: _____

Date : _____

Please attach a copy of the Time and Attendance sign in sheet(s) for the last Pay Period of the 12 month period as backup documentation.