**SCHOOL DISTRICT OF PHILADELPHIA**
**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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# SCHOOL DISTRICT OF PHILADELPHIA

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| Name | Position |
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School / Office Name_____

# SCHOOL DISTRICT OF PHILADELPHIA

**Federal Grant Program – Time and Effort Certification Form**

| Name | Position |
|---|---|
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# SCHOOL DISTRICT OF PHILADELPHIA

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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 |
|---|---|---|---|
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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.***