

MOUNTAIN HOME SCHOOL DISTRICT 193

470 North 3rd East P.O. Box 1390 Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent (208) 587-2580 FAX (208) 587-9896 www.mtnhomesd.org

Supervisor's Certification/Assurance Form 1

*A	_ activities in	** B	_ program, for	the period beginning		
-	and ending		1			
*** C	and chame	*** D	·			
Names of Employee	Position	Names of Emp	oloyee	Position		
Add rows as needed						
I certify that I have knowledg report for the months indicate						
Supervisor's Signature	Da	Date				
	Title			School Name/Job Location		
- Γitle						
	is form is used by any e	emplovee(s) funded full ti	me (100%) from :	a single federal grant award. Us		
PURPOSE OF THIS FORM: Th			me (100%) from a	a single federal grant award. Us		
PURPOSE OF THIS FORM: Th			me (100%) from a	a single federal grant award. Us		
Title PURPOSE OF THIS FORM: The this form if an employee/s supervise.			me (100%) from a	a single federal grant award. Us		

² Criminal charges may be brought against an individual who certifies a falsified report (Federal False Claims Act).

¹ Failure to verify time and effort within the certification period or improper allocation of employee's time according to contractual agreement can lead to breach of contractual agreement, loss of future awards, and adverse public image.

DIRECTIONS FOR COMPLETION:

- *Blank A Choose ONE program area in which the employee works: Carl Perkins, NCLB, or Special Education (IDEA)
- **Blank B Choose ONE funding source from which the employee is paid:
 IDEA Part B <u>or</u> IDEA Preschool program; Perkins Basic Grant; NCLB Consolidated Administration;
 Title I; Title IIA; Title III; Title IV; Title V; Title VI; Title X.
- ***Items C and D are beginning and ending dates for which the employee is certifying his / her work activity.
- List all employees funded under applicable budgets (IDEA Part B, IDEA Preschool, Title I, Perkins, etc. There must be a method of separating each program area—separate page or columns)
- List the position of the employee (teacher, educational assistant, etc.)
- Immediate supervisor signs giving assurance that the employees listed work only on allowable activities. (For school employees, the immediate supervisor would be the principal.) Signature and date are to be "after the fact" for work completed.
- Provide date of signature
- List the title of supervisor
- Indicate where the employee works: school name, central office, etc.

Adapted from the State of Tennessee, State Department of Education, ED-5440