

**Semiannual Certification
Single-Funded Cost Objective
Part 1**

Period Covered: 7/1-12/31 Fiscal Year: _____

Payroll: _____ Site/Department: _____

Employee Name: _____

Position: _____

Cost Objective/
Program Title: _____

Program Name/
Smartkey: _____ Percentage of
Effort: _____

CERTIFICATION

By signing below, I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and I have full knowledge of 100% of these activities.

Employee Signature

Date

Administrator Signature

Date