

**Semiannual Certification
Single-Funded Cost Objective
Part 2**

Period Covered: 1/1-6/30 **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