

Shoshone Joint School District No. 312

FINANCIAL MANAGEMENT

7235PF2

Single Federal Award or Cost Objective

This form is required to be signed twice annually by the employee(s) paid solely from a single federal fund, (for example, Title I, Title II, IDEA Part B, etc.) or who work solely on a single cost objective and should be available for audit and monitoring reviews.

SDE Recommended Tracking states “where employees are expected to work solely on a single federal award or cost objective charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on the program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee and supervisory official having first-hand knowledge of the work performed by the employee.”

I, _____, _____
(Name) *(Title)*

certify that 100% of my time has been spent performing duties associated with

_____*

for the period of (July 1 through December 31) or (January 1 through June 30) of the current year.

(Underline or circle the correct period)

_____ Employee Signature Date _____

_____ Supervisor Signature Date _____

**Insert the name of the federal award or cost objective. Cost objectives could include special education, IDEA Part B Maintenance of Effort Preschool program, etc.*

Legal Reference: Idaho SDE IDEA Part B Funding Manual

Adopted: June 11, 2019

Reviewed: June 2019

Revised:

