

**STATE**

**FUNDING CERTIFICATION FORM  
ARKANSAS ADULT EDUCATION DIVISION**

**Instructions:** Employees working entirely on one state program during the report period should complete this certification form immediately following the end of reporting period. The form must be made available to state and federal auditors upon request.

**Purpose of Form:** OMB Circular A-87 requires employees who are compensated by federal or state matching grant dollars and work solely on a single award or cost objective to submit at least semi-annual certifications that the employee worked solely on that program for the period covered by the certification.

**Location:**

**Contact Person:**

**Fiscal Year:**

**Contact Phone #:**

**Time Reporting Period:**

**Beginning:**

**Ending:**

I certify that 100% of my work time during this time period was spent on the state funded program checked below:

ABE- STATE	
GAE-STATE	
Carry-Over-STATE	
Special Projects-STATE	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date