FEDERAL FISCAL YEAR _____

Optional Financial Work Sheet for Identifying & Certifying Program Costs

***Jurisdiction*:** **Grant Program:**

For the ____ Quarter of FFY _____ ending on_____

Name/Cost Allocation Code	Pay Period	Hours Worked	Rate of Pay	Gross Pay	Benefits	Total
Grand Total for the Quarter						
Total **Local Match** for the Quarter						
Total **Federal Share** for the Quarter						

I certify that this report identifies personnel costs in direct support of the activities and goals of the _____ Grant, that all personnel costs were expended in accordance with program guidelines and are supported with the required time and effort documentation.

****Signature:***	
Name:	
Title:	

** This must to be signed by CFO.*

Form may be modified as needed or produced within jurisdictions payroll programs