Oklahoma District Attorneys Council

VOCA Grant - Periodic Certification

Agency Name:

Federal Award or Subgrant Number:

**Certification**

The person whose signature appears below hereby certifies for the period of

*(mm/dd/yy)* through  *(mm/dd/yy)*,  *(employee name)* worked solely on the above

award or subgrant with salary and wages 100% supported by the federal award or subgrant number listed above.

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

*or*

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Only the Supervisor having first-hand knowledge of the work performed by the employee may sign instead of the employee.*

This form meets the requirements of Title 2 Code of Federal Regulations (CFR) Part 225, *Cost Principals for State, Local, and Indian Tribal Governments*, Appendix B, *Selected Items of Costs*, for documenting time and effort reporting.

Periodic Certifications must be signed and filed after each six month period of employment. One form is required for each 100% VOCA funded employee.

*After completion of each form, please upload into OKGrants for the Subgrant Number listed above.*