

Homeland Security Grants Personnel Certification Form

Directions

As required by Office of Management and Budget Circular A-87, all personnel whose agency receives reimbursement or direct transfer of homeland security grant funds for any salary, fringe or management/administration personnel costs must complete the form according to the following criteria.

1. Where employees are expected to work solely **(100%) 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 that program for the period covered by the certification. These certifications will be prepared at least **semi-annually** and will be signed by the employee or supervisory official having first hand knowledge of the work performed by the employee.
2. Where employees work **on multiple activities or cost objectives (less than 100% on a single award)**, a distribution of their salaries or wages will be supported by personnel activities reports or equivalent documentation which meets the following standards.
 - a. They must reflect an **after-the-fact distribution of the actual activity** of each employee.
 - b. They must account for the **total activity** for which each employee is compensated.
 - c. They must be prepared at least **monthly** and must coincide with one or more pay periods.
 - d. They must **be signed by the employee**.

Forms shall be forwarded within two (2) weeks after the end of the time period covered on the form to:

**Ms. Kathy Wynn
Grant and Program Management Bureau
New Jersey Office of Homeland Security and Preparedness
PO Bx 091
Trenton, NJ 08625-0091**

Each year prior to awarding continuation or additional salary, fringe or management/administration personnel costs, the Office of Homeland Security and Preparedness will inventory its Homeland Security Grants Personnel Certification Form records to affirm agency compliance. Any agency that is delinquent in submitting required Homeland Security Grants Personnel Certification Forms will be denied reimbursement or transfer of additional homeland security grant funds until all discrepancies are rectified.

This Homeland Security Grants Personnel Certification Form replaces all previously used forms to certify personnel salary, fringe or management/administration personnel costs charged to a homeland security grant funding source.

Instructions for Completing the Form

Agency: Enter your agencies official and complete name.

Employee: Enter your name.

If you dedicate **100% of your work time to activities specific to a singular grant or cost objective**, complete the items in blue and do not complete the items in green.

Grant Name: Use the **pull down** menu to indicate the grant funding source being used to support your salary and fringe or the specific management/administration function you perform.

Grant Year(s): Put an X in the box(es) below the year(s) to indicate the fiscal year(s) of the grant that you performed grant related work activities.

Bi-Annual Period – if 100%: Use the **pull down** menu to select the January 1 thru June 30 or July 1 thru December 31 reporting period.

Year: Use **pull down** menu to select the calendar year of the bi-annual period selected above.

Percentage of Time Dedicated to Work on Grant Activities: 100% percent is entered for you.

SELECT APPROPRIATE PERCENT DISTRIBUTION – DO NOT DO BOTH

If you dedicate **less than 100% of your work time to a singular federal award/cost objective, or you dedicate work time to several federal awards/cost objectives** complete the items in green and do not complete the items in blue.

Grant Name: Use the **pull down** menu to indicate each grant funding source being used to support your salary and fringe or the specific management/administration function you perform.

Grant Year(s): Put an X in the box(es) below the year(s) to indicate the fiscal year(s) of the grant that you performed grant related work activities.

Percentage of Time Dedicated to Work on Grant Activities: Enter the percent of time you have dedicated to work on activities related to the grant funding source you have identified above.

Pay Period(s): Indicate the pay period(s) number(s).

Dates: Enter the dates of the pay period(s).

Year: Use **pull down** menu to select the calendar year of the pay period(s) dates selected above

Total Percent of Time Dedicated to Work on Above Selected Grants: Will add the percentages for all grants.

Employee Signature: Sign your name in the space provided.

Date: Enter the date you signed your name in the “Employee Signature” space above.

Supervisor Name: Print or type your supervisor’s name.

Supervisor Signature: Have the supervisor who is responsible for documenting your work hours and grant related activities sign their name, certifying that the information provided is correct.

Date: Have the supervisor enter the date they signed their name in the “Supervisor Signature” space.

Activities: Provide a general descriptive narrative/bulleted list of work performed during the period covered by this report.