

**Certification of Time Charged to a Single Federal Award**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**I certify my work activities are solely attributable to the following fund source \_\_\_\_\_ (VOCA,**

**STOP, JAG, SASP, FVSPA, etc) and that I have been solely attributed to this fund source since**

\_\_\_\_\_.

**I acknowledge that if my work activities change so that less than 100% of my time is attributed to the fund source noted above that I will assure: 1) That the Office of Criminal Justice Programs (OCJP) has been notified of this change; and 2) That I shall be required to record my grant funded time and grant funded activities pursuant to the guidance provided in the OCJP administrative manual.**

**Contract Number:** \_\_\_\_\_ **(This information can be found on the grant contract)**

**Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_