

**COLORADO SPRINGS SCHOOL DISTRICT 11
 Federal Grant Program – Time and Effort Certification Form**

FISCAL YEAR _____ (please enter fiscal year)

**100% Time and Effort Certification Form (CERTS)
 (PARTIAL PAYMENT FORM)**

This is to certify that the individuals in the positions listed below have worked 100% of their time during the regularly defined work day in the federal program checked above, **but who DID NOT work the entire six month certification period.**

School/Office Name: _____

Time Frame (check one): First Six months (July through December)
 Second Six Months (January through June)

Program Type (check one): Schoolwide Title I program
 Targeted Assistance Title I program
 Other Grant funding please specify _____
 Regular Certification
 Special Education IDEA funding

| Employee Name | Position | Start Date | End Date |
|---------------|----------|------------|----------|
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I have full knowledge of 100% of these activities:

Principal/Administrator _____ Signature _____
Print Name Sign Here

Date: _____