

MINIDOKA COUNTY SCHOOL DISTRICT

FINANCIAL MANAGEMENT

7235F1

Federal Funds Semi-Annual Certification Form

Employee: _____ Position: _____

Reporting Period: _____

Cost Objective (Program Activity)	Grant Program	Fund Code – Function Code	Distribution of Time (Percentage of Hours)

Employee's Signature: _____ Date: _____

I hereby certify this report is an accurate representation of the total activity expended during the period indicated.

Reviewed by supervisor: _____ Date: _____