

School:	
Supervisor:	
Date:	
Time Period:	

Name	Position	Grant	Start Date	End Date
John Doe	Math Teacher	Title I	1/1/20XX	6/30/20XX
Jane Doe	Literacy Coach	Title II	1/1/20XX	6/30/20XX
John Doe	Special Education Teacher	IDEA	1/1/20XX	6/30/20XX

This is to certify that, to the best of my knowledge, the above-named staff spent 100% of their time working on one cost objective as indicated.

\_\_\_\_\_  
 Print Name of Supervisor

\_\_\_\_\_  
 Signature of Supervisor and date

**Note: Supervisor should be a building principal or an immediate supervisor that is at the same location as the staff member's that are listed. Statements must contain the name of school/district if not using the School's Letterhead, name of staff member, their position, what Federal Grant is their work associated with (Title I activities, Title II activities, Continuous School Improvement Tier III, School-wide activities, etc.), and account for 100% of their time.**