

Homeland Security Grants Personnel Certification Form Directions

The Homeland Security Grants Personnel Certification Form will be required to be completed twice a year – within the first two weeks of July for the reporting period January 1 to June 30 and within the first two weeks of January for the reporting period July 1 to December 31. 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. 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 compliance. Any agency that is delinquent will be denied reimbursement or transfer of salary, fringe or management/administration personnel costs until 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: Type in your agencies official and complete name.

Employee: Type in your name.

Grant Year: Use the pull down menu to indicate the year of the grant funding source used to support your salary and/or fringe personnel costs.

Grant Name: Use the pull down menu to indicate the grant funding source being used to support your salary, fringe or management/administration personnel costs.

Period: Use the pull down menu to select the January 1 thru June 30 or July 1 thru December 31 reporting period.

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. It should be equal to or greater than the percent of your time dedicated to the grant that could be calculated using any reimbursement requests submitted and your annual salary/fringe rate.

Print out the Form

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 in prior to printing the form) the supervisor’s name.

Supervisor Signature: Have the supervisor who is responsible to document your work hours and grant related activities sign their name in the space provided, certifying that the information you provided is correct.

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

Forward the form to: Ms. Kathy Wynn
Grant and Program Management Bureau
New Jersey Office of Homeland Security and Preparedness
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