North Carolina Department of Health and Human Services
Office of the Controller

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Laketha M. Miller
Controller

MEMORANDUM - # 2014-07

TO: Division Directors
Division Budget Officers

FROM: Laketha M. Miller Laketha M. Miller

DATE: June 24, 2014

SUBJECT: Reminder - Required Certification Statements for Employees Directly Charged to One Federal Funding Source

In order to document compliance with the OMB Circular A-87, *Cost Principles for State, Local and Indian Tribal Governments,* Division staff are required to complete a semi-annual certification statement for all employees whose salaries are charged entirely to a single federal award or cost objective. A certification statement must be signed every six (6) months by a supervisory employee certifying that 100% of the employee(s)' time was spent on activities benefiting only that Federal grant. The Certification Statement must be completed for the time periods ending December 31 and June 30 of each year. This memorandum is to serve as a reminder that all Certification Statements for the period ending June 30, 2014 should be completed by July 31, 2014. Completed forms are to be filed in the Division's Budget Office for potential review by the Office of the State Auditor.

As a reminder, Divisions not utilizing an approved cost allocation plan must require that time sheets be completed for employees funded by more than one Federal funding source. Further, financial records have to be adjusted to reflect the proper payroll allocation in accordance with the time sheets.

Thank you for your attention to this compliance issue. Please contact Suzanne Beasley in the Cost Accounting Branch at 855-3704 if you have questions.

LMM/smb

Enclosures

cc: Jim Slate
Curtis Crouch
Suzanne Beasley

www.ncdhhs.gov • www.ncdhhs.gov/control
Tel 919-855-3700 • Fax 919-733-2604
Location: Spruill Annex, 1050 Umstead Drive • Raleigh, NC 27603
Mailing Address: 2019 Mail Service Center • Raleigh, NC 27699-2019
An Equal Opportunity / Affirmative Action Employer

Department of Health and Human Service

CERTIFICATION STATEMENT

Division: _____ Budget Code: _____

Cost Center Name: _____ Center #: _____

Federal Grant: _____ FRC: _____

State Fiscal Year: _____ Certification Period: _____

This is to certify that the following named employee(s) worked solely on the above Federal grant award for the time period listed.

	NAME	Position #	PERIOD WORKED FROM	TO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

I declare that the above is true and correct.

Signature: _____

Name of Official: _____

Title: _____

Date: _____

Department of Health and Human Services

LISTING OF CENTERS WITH EMPLOYEE(S) DIRECTLY CHARGED TO FEDERAL GRANTS

Division: _____ Budget Code: _____

State Fiscal Year: _____

Center	Certification Received December 31	Certification Received June 30	Center	Certification Received December 31	Certification Received June 30
1. _____	_____	_____	12. _____	_____	_____
2. _____	_____	_____	13. _____	_____	_____
3. _____	_____	_____	14. _____	_____	_____
4. _____	_____	_____	15. _____	_____	_____
5. _____	_____	_____	16. _____	_____	_____
6. _____	_____	_____	17. _____	_____	_____
7. _____	_____	_____	18. _____	_____	_____
8. _____	_____	_____	19. _____	_____	_____
9. _____	_____	_____	20. _____	_____	_____
10. _____	_____	_____	21. _____	_____	_____
11. _____	_____	_____	22. _____	_____	_____

Attach completed certification statements and maintain on-file for audit purposes.