



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** - # 2015-05

TO: Division Directors  
Division Budget Officers

FROM: Laketha M. Miller

DATE: February 23, 2015

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 December 31, 2014 should be completed by March 31, 2015. 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.

	<u>NAME</u>	<u>Position #</u>	<u>PERIOD WORKED</u>	
			<u>FROM</u>	<u>TO</u>
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: \_\_\_\_\_

<u>Center</u>	<u>Certification Received</u>		<u>Center</u>	<u>Certification Received</u>	
	<u>December 31</u>	<u>June 30</u>		<u>December 31</u>	<u>June 30</u>
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.