

Annual Certification Form

EMPG

To: Montana State Disaster and Emergency Services, Grant Programs Bureau

Subject: Annual Certification

Date:

I verify by my signature that I spent _____% of my time on the designated program during the time period from _____ through _____.

Name of Employee _____ **Program Employee** _____ **Signature** _____

Employee:

I Concur:

Authorizing Official's Name:

Authorizing Official's Title:

Authorizing Official's Signature:
