GRANTS-214

Michigan State Police

Grants and Community Services Division

# **BYRNE JUSTICE ASSISTANCE (BYRNE JAG) GRANT**

**RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) GRANT**

# **EMPLOYEE TIME CERTIFICATION**

**AUTHORITY:** 1935 PA 59, as amended; **COMPLIANCE:** Voluntary; however, grant funds will be withheld if not   
submitted to the Michigan State Police (MSP) by the due dates specified below.

|  |  |
| --- | --- |
| **Grantee** | **MSP Grant Number** |

**REPORTING PERIOD:**

|  |  |
| --- | --- |
| **1st Period**  **(10/1-3/31)** | **2nd Period**  **(4/1-9/30)** |

Record below the period of time the employee worked on each grant program project during the reporting period. For the dates specified, record what percentage of the employee’s time was spent working on the grant program project. The percentage of time reported must be supported by time sheets and reflect only actual time worked.

|  |  |  |  |
| --- | --- | --- | --- |
| **GRANT PROGRAM** | **DATES** | | **PERCENTAGE OF**  **TIME SPENT DURING SPECIFIED DATES** |
| **FROM:** | **TO:** |
| Byrne JAG |  |  | % |
| RSAT |  |  | % |

**CERTIFICATIONS:**

Employee places his/her signature below as certification that the information provided above is accurate. Supervisor, having first-hand knowledge of the work performed by the employee, places his/her signature below, as certification that the information provided above is accurate.

|  |  |  |
| --- | --- | --- |
| Employee Name | Employee Signature | Date |
| Supervisor Name | Supervisor Signature | Date |

**SUBMISSION OF EMPLOYEE TIME CERTIFICATION:**

This form must be submitted through your MAGIC+ account with the Grants and Community Services Division. Due dates are April 20 and October 20 of your Grant Agreement year. If you have any questions, please do not hesitate to contact your grant advisor directly.