**Fresh Fruit and Vegetable Program (FFVP)**

**Monthly Certification of Administrative Labor Cost**

*(Must be completed monthly or at a minimum of twice per year)*

This is to certify that the following labor costs have been reviewed by the School Agency’s Business Administrator or the individual responsible for the Financial Accountability of the Local Education Agency (LEA) or FFVP Grant.

* All costs expensed for the FFVP are properly allocable to the FFVP Federal awarded grant.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I worked \_\_\_\_\_\_\_\_\_\_\_hours for the

 *(Print Name of Employee) (Number of Hours)*

month or months of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the FFVP Grant. I received an hourly rate of

$\_\_\_\_\_\_\_\_\_\_ or stipend of $\_\_\_\_\_\_\_\_\_\_\_\_\_ for this work.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Education Agency (LEA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisory Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_