

**New Hampshire Department of Justice
Office of the Attorney General**

(Certifications are to be completed on a semi-annual basis)

This is to certify that during the period of to

The following employee under my direct supervision:

Name

Title

worked solely on the objectives of the federal grant program described below (the objectives of the grant program may include other duties that indirectly support the activities of the grant program, such as a backfill position working on a different, but grant approved, task):

That position was as follows:

- They were newly hired to take the position in the grant program. Duties are as follows:

Was this session an initial hiring-related description of grant allowable job duties?

Yes/No

I certify that I have explained their role in the grant-funded project to the individual named above, that they understand that they are only authorized to work on the above described activities and that the above information is true and correct.

Signed,

Printed Name:

Supervisor

Title:

I certify that I have had my role in the grant-funded project explained to me and that I understand the requirements of my position. I understand that I am only authorized to work within the boundaries of my grant-funded position, as explained to me above.

Printed Name:

Employee

Title: