EMPG Annual Time Certification Form

To: Montana State Disaster and Emergency Services

Subject: Annual Certification

**County or Tribe:**

**Date:**

I am a (Full/half/quarter)  time Emergency Manager, I work  hours per week. I verify by my signature that during the grant period of performance, July 1, 2020 through June 30, 2021.

**Select one of the below options:**

­­­­[ ]  I intend to spend % of my time on allowable Emergency Management Performance Grant Program Projects

[ ]  I intend to spend % of my time on EMPG and % of my time on other federally funded duties (i.e PHEP). If yes, specify the additional federal source 

[ ]  I intend to spend % of my time on EMPG and % of my time on other local duties

**Name of Employee:**

**Position Title:**

**Signature Employee:**

***I Concur***

**Authorizing Official’s Name:**

**Authorizing Official’s Title:**

**Authorizing Official’s Signature:**