# FEDERAL FISCAL YEAR _____

## Optional Financial Work Sheet for Identifying and Certifying Program Costs

***Jurisdiction*:** **Grant Program:** Emergency Management Performance Grant (EMPG)

**For the ____ Quarter of FFY _____ ending on_____**

| Name/Cost Allocation Code | Pay Period | Hours Worked | Rate of Pay | Gross Pay | Benefits | Total |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Grand Total for the Quarter** | | | | | | |
| Total **Local Match** for the Quarter | | | | | | |
| Total **Federal Share** for the Quarter | | | | | | |

***I certify that this report identifies personnel costs that are financially coded to the appropriate Emergency Management Performance Grant (EMPG) structure and are supported with the required time and effort documentation.***

| | |
|---|---|
| ***Signature:** | |
| ***Name:*** | |
| ***Title:*** | |

** This must to be signed by CFO.*

***Form may be modified as needed or produced within jurisdictions payroll programs***