SEMI-ANNUAL CERTIFICATE OF ACTIVITY

I, (Enter Employee Name), hereby certify that 100 percent of my activities were spent working on allowable *Network for a Healthy California* activities as detailed in the FFY 20__ USDA Annual Plan.

		Year
Period #1:	☐ Oct. – March	FFY
Period #2:	☐ April – Sept.	FFY

Position Number/Title:

Period #1 Employee Signature: _____ Date: _____
Period #1 Supervisor Signature: _____ Date: _____

Period #2 Employee Signature: _____ Date: _____
Period #2 Supervisor Signature: _____ Date: _____

Note: Please print on your agency letterhead a copy of the Semi-Annual Certification of Program Activity Report. Have employee and supervisor sign and you must maintain a copy on file at the agency.