

# Semi-Annual Certificate of Activity Form

I, \_\_\_\_\_, hereby certify that 100 percent of my activities was spent working on allowable Supplemental Nutrition Assistance Program-Education (SNAP-Ed) activities as detailed in the FFY 2021 USDA Annual State Plan and identified below.

**Position Title:** \_\_\_\_\_ **Hire Date\*:** \_\_\_\_\_

*\*Hire date should only be completed by employees who started after October 1, 2020 for Period 1 and after April 1, 2021 for Period 2*

By signing below, I am certifying the Period for which this certificate covers:

**FFY 2021 – Period 1 – October 1, 2020 – March 31, 2021**

**Employee Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor printed name:** \_\_\_\_\_

By signing below, I am certifying the Period for which this certificate covers:

**FFY 2021 – Period 2 – April 1, 2021 – September 30, 2021**

**Employee Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor printed name:** \_\_\_\_\_