

Community HealthCorps Timesheet Review Certification Form

Instructions: This form must accompany each submission of the completed timesheet review tool for your Program Site. Complete all sections of this form and submit it with your completed initial and mid-year timesheet review tools. If submitting a revised tool, this certification form must be submitted as well.

Program Site: _____

(Print name of Program Site)

I, _____ (*insert name of certifier*), hereby certify under the penalties of perjury that the information contained in the **attached** _____ (*insert either "Initial" or "Mid-Year"*) Timesheet Review Tool (hereinafter "tool") dated _____ (*insert review date as shown on tool*) is, to my knowledge, accurate and true.

As per the Sub-Grantee Agreement, I understand that a knowing and willful false statement on the Timesheet Review Tool can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Certified by: _____

(Print name of certifier identified above)

Signature: _____

Title: _____

Date: _____

