100% Time Certification

During the period 100% of my funded time in support of activities associated with the following program:	
Illinois Family Violence Coordinating Council	
Signature	
Lacey Pollock Printed Name	8-7-2018 Date
I certify that the above statement is true to the best of my knowledge.	
Supervisor Signature	
Mary Ratliff Supervisor Printed Name	8-7-2018 Date
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