

TENNESSEE ALLIANCE FOR

CHILDREN AND FAMILIES Percentage Time Worked Certificate

2 International Plaza Drive, Suite 605 **Education Services Coordinators:**

Nashville, TN 37217 Cordney Woodard – [cwoodard@tnchildren.org](mailto:cscott@tnchildren.org)

(615) 366-7175 Kearee Jackson - [kjackson@tnchildren.org](mailto:jackson@tnchildren.org)

Teresa Moore - [tmoore@tnchildren.org](mailto:tmoore@tnchildren.org)

**TITLE 1 ASSURANCE FORM**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ assure that I have devoted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%**

**Print first and last name**

**of my work time to allowable activities under the Title I funds derived from the No Child Left Behind**

**Act of 2001 while operating as the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at**

**Position/Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between April 1, 2016 - October 30, 2016.**

**Agency’s name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature Date**