

### Certification for Salaries & Wages Charged to Grants

I certify that the below is an accurate reflection of time and effort spent on the New York State Age-Friendly Action Community program pursuant to the March 15, 2024, agreement between HERF and the organization listed below where the recipient applied for and received a stipend from the Healthcare Association of New York State, Inc. ("HANYYS"), as managed by HERF, to better participate in the New York State Age-Friendly Action Community program.

Organization: \_\_\_\_\_

Employee Name: \_\_\_\_\_

% of effort\* or Total Hours of Time and Effort Spent\*\*: \_\_\_\_\_

Time Period: \_\_\_\_\_

The information recorded on this form is true and correct to the best of my knowledge.

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date

\* % of effort must match the percentage listed in Column E of the Workbook.

\*\* Total Hours of Time and Effort Spent must match the total hours listed in Column C of the Workbook.