

**New Jersey Office of Homeland Security and Preparedness
Nonprofit Security Grant Program (NSGP) Personnel
Certification Form**

NSGP Recipient	
Funding Source:	
Beginning Date:	
Ending Date:	

I certify that the following Security Services/Personnel were provided consistent with the terms & conditions of the NSGP Grant.

Security Agency Name

Security Officer Name

Hours Worked Per Officer

Total Hours

Certifying NSGP Recipient Name:	
Certifying NSGP Recipient Signature:	
Date:	