|  |  |
| --- | --- |
| **Memorandum** | |
| **To:** | Strategic Procurement Division (SPD) |
| **Subject:** | Certification of Funds |

The following information is being requested by SPD as funding support for your below referenced project.

|  |  |  |
| --- | --- | --- |
| **Title of Procurement Project:** |  |  |
| **Solicitation No.:** |  |  |
| **Requesting Department(s):** |  |  |

**This project involves federal funds.**

**Funding Sources/Amount for Current Fiscal Year and out year amounts:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dept #** | **Fund #** | **GL Account** | **GL Account Description** | **Pre Encumbrance or Encumbrance Document #** | **W.B.S. Element  (if appropriating Funds)** | **Current FY Amount** | **Out year Amounts** | **FY Budgeted Expense Yes or No** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**Operating Budget Fiscal Note Format:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Estimated Fiscal Operating Impact** | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Recurring or One-Time | One-Time | | | |  |  |
|  |  |  |  |  |  |  |
| **Fund Name** | **FY24** | **FY25** | **FY26** | **FY27** | **FY28** | **FY24-28** |
|  | $0 | $0 | $0 | $0 | $0 | **$0** |
|  | $0 | $0 | $0 | $0 | $0 | **$0** |
|  | $0 | $0 | $0 | $0 | $0 | **$0** |
| **Total** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CIP Fiscal Note Format:** | |  |  | |  | |  | |  | | |  | |
| **Estimated Fiscal Operating Impact** | | | |  | |  | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | |
| Recurring or One-Time | | | One-Time | | | | | | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | |
| **Project** | | | **FY24** | **FY25** | | **FY26** | | **FY27** | | **FY28** | | **FY24-28** | |
| Project Name | | | $0 | $0 | | $0 | | $0 | | $0 | | **$0** | |
|  | | | $0 | $0 | | $0 | | $0 | | $0 | | **$0** | |
|  | | | $0 | $0 | | $0 | | $0 | | $0 | | **$0** | |
| **Total** | | | **$0** | **$0** | | **$0** | | **$0** | | **$0** | | **$0** | |
| **Operating Budget Fiscal Note Format:** | | | |  | |  | |  | |  | |  | |
| **Estimated Fiscal Operating Impact** | | |  | |  | |  | |  | |  | | |
|  | |  |  | |  | |  | |  | |  | | |
| Recurring or One-Time | | One-Time | | | | | | |  | |  | | |
|  | |  |  | |  | |  | |  | |  | | |
|  | | **FY24** | **FY25** | | **FY26** | | **FY27** | | **FY28** | | **FY24-28** | | |
| **Capital Cost** | | **-** | **-** | | **-** | | **-** | | **-** | | **-** | | |
| ***Operating Cost*** | | **-** | **-** | | **-** | | **-** | | **-** | | **-** | | |
| Personnel | | - | - | | - | | - | | - | |  | | |
| Supplies | | - | - | | - | | - | | - | |  | | |
| Services | | - | - | | - | | - | | - | |  | | |
| **Revenues** | | **-** | **-** | | **-** | | **-** | | **-** | | **-** | | |
| **Cost Savings** | | **-** | **-** | | **-** | | **-** | | **-** | | **-** | | |
| **Net Program Impact** | | **-** | **-** | | **-** | | **-** | | **-** | | **-** | | |
|  | |  |  | |  | |  | |  | |  | | |

**Name of Departmental**

**Central Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Departmental**

**Central Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Departmental Budget**

**Person Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Departmental**

**Budget Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**