|  |
| --- |
| **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** |
|  |   |   |   |   |  |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

[ ]  **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**