

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**FUNDS CERTIFICATION FOR DELEGATED AND EXEMPT SOLICITATIONS AND CONTRACTS, GRANTS,**  
**AGREEMENTS, LOCAL HEALTH DEPARTMENTS OR INFORMATION TECHNOLOGY SERVICES AND SUPPLIES**

1. _____ Solicitation (IFB/RFP) Contract / MOU-MOA Exercise 2. _____ Option	4. _____ Modification/Amendment 5. _____ Unified Grant Award 6. _____ Grant	7. BMO Log Number _____ 8. Contract Control Number _____																				
9. R*STAR\$ FINANCIAL AGENCY NAME _____ CODE MOO _____ APPROP CODE 32. _____ _____ AOBJ _____		10. R*STAR\$ AGENCY _____ 11. EXPENDITURE CHARGED TO: PCA _____ 12. FUNDING SOURCE - % _____																				
13. DATE PREPARED: _____																						
14. DESCRIPTION OF SERVICE; AND PURPOSE:																						
15. REASON(S) WHY YOUR AGENCY OR ANOTHER STATE ENTITY ARE UNABLE TO PROVIDE REQUESTED SERVICES:																						
16. ANTICIPATED CONTRACT COST/VALUE FY _____ \$ _____ FY _____ \$ _____ FY _____ \$ _____ FY _____ \$ _____ <div style="text-align: center;">TOTAL COST/VALUE</div>	17. ESTIMATED ADDITIONAL COST TO STATE (Personnel, equipment, supplies, payroll, taxes, etc. not paid to this vendor.) \$ _____																					
18. BIDDERS, EVEN IF ONLY ONE (circle letter of selected vendor) <span style="float: right;"><b>U IF MBE</b></span> A. _____ \$ _____ B. _____ _____ \$ _____ C. _____ _____ \$ _____ D. _____ _____ \$ _____ E. _____ \$ _____	19. SOLICIT. ISSUE DATE _____ 20. CONTRACT START DATE _____ 21. COMPLETION DATE _____ 22. OPTION PERIOD(S) _____ 23. PROCUREMENT METHOD _____																					
24. SELECTED VENDOR'S (S.S.N./F.E.I.N.)	25. CITY & STATE																					
26. *By my signature below, I certify that sufficient funds _____ have _____ have not been specifically provided in the budget for the services requested, and that the services are for State use. In either case, funds will be available from the following source(s):																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>PCA CODE</u></th> <th style="text-align: left;"><u>AOBJECT</u></th> <th style="text-align: left;"><u>FEDERAL GRANT TRACKING #</u></th> <th style="text-align: left;">a. _____</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>b. _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>c. _____</td> </tr> </tbody> </table>	<u>PCA CODE</u>	<u>AOBJECT</u>	<u>FEDERAL GRANT TRACKING #</u>	a. _____	_____	_____	_____	b. _____	_____	_____	_____	c. _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>AMOUNT</u></th> <th style="text-align: left;">\$ _____</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>AMOUNT</u>	\$ _____	_____	\$ _____	_____	\$ _____	_____	_____
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_____	_____																					
TITLE	SIGNATURE	PHONE #	DATE																			
27. REQUESTOR																						
28. AGENCY FISCAL OFFICER*																						
29. BMO BUDGET ANALYST*		X6061																				
30. PROCUREMENT OFFICER		X5816																				

1. Check if this certifies funds for an "INVITATION FOR BIDS" or a "REQUEST FOR PROPOSALS"
2. Check if this certifies funds for a "CONTRACT AWARD" (including Sole Source, Memoranda of Understanding/Agreement, Purchase Orders, Small Procurements, and Emergency Procurements)
3. Check if this certifies funds for an "EXERCISE OF OPTION" to a current contract
4. Check if this certifies funds for a "MODIFICATION" (including terminations and no-cost extensions) to a current contract
5. Check if this certifies funds for a "NEW AWARD, SUPPLEMENT, or REDUCTION" to a Local Health Department made through the Unified Grant Award
6. Check if this certifies funds for a "GRANT" as defined in Procurement Regulations COMAR 21
7. Leave Blank
8. Leave Blank
 

If you require assistance completing the next four items, contact your Agency's fiscal officer(s), or the BMO budget analyst assigned to your Unit
9. Enter your R\*STAR\$ Agency name, i.e., name of facility, Administration, or Office
10. Enter your R\*STAR\$ Agency Code that relates to the Agency name listed in item 9 (this will be a letter followed by four digits); and the corresponding FAB\$ appropriation code
11. Enter the PCA and AOBJECT that the expenditure is to be CHARGED TO
12. Enter the source of funds, i.e. Federal, General, Special, Reimbursable and the percentage of each (total must equal 100%)
13. Enter the date on which you prepared the fundcert form
14. Enter a brief but complete description of the service requested and its purpose (always start by stating what the item is, then what it does, and finally why it is needed, e.g., A modification to the MOU between UMAB and CPHA to extend the terms of the agreement for 30 days, at no additional cost, allowing the vendor to complete their final report which was delayed because of difficulty in obtaining source data.)
15. Enter the reason why your agency or any other State agency cannot perform the service
16. Enter how much will be paid to the vendor each fiscal year and the total cost or value of the procurement item (revenue to the vendor or revenue to the State)
17. Enter any amount paid out to any entity other than this vendor as a result of this procurement and/or any State support or implementation costs
- \*18. Enter the name of each vendor that submitted bids/proposals, or the single vendor from which the contract, mod, option, or grant is procured; the amount(s) of the contract or bid(s); and a check next to each vendor/bidder that is a **certified** minority business enterprise
19. Enter the date that this procurement was solicited on (telephone/faxed solicitation, bid board notice), will not apply to sole source or exempt procurements
20. Enter the date that the services/agreement will start on
21. Enter the date that the services/agreement will terminate on
22. If this is a contract award, enter any optional renewal periods that apply
23. Enter the procurement method used, i.e., small procurement, emergency, or sole source; if a procurement method does not apply, i.e., MOU, Mod, Option, or Grant, enter N/A
- \*24. Enter the Federal Tax I.D. number or social security number of the vendor to provide services
- \*25. Enter the City and State of the vendor
26. Certify that funds are provided for in the budget for these services; if they are not, so state - regardless of budgeting, enter the PCA, AOBJECT and amount of the funding source(s) for these services (this may, but does not need to agree with the entries in item 11), also include any applicable Federal Grant tracking numbers
27. The individual authorized to request these services should sign, date and enter their phone number
28. The requesting unit's fiscal officer should sign, date and enter their phone number
29. Leave Blank
30. Leave Blank

\* These entries will not be made on a solicitation submission