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

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):** | |  | | |
| \*Initial COF | \*Final COF | | Note: Sections marked with \* are required fields. | |

**\*This project involves federal funds.**

|  |  |  |
| --- | --- | --- |
| **Name of the granting agency:** | |  |
| **Grant name:** |  | |

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| **\*Fiscal Note Tables**  **Select the appropriate table(s) applicable to this procurement project** |

**Funding Sources/Amount for Current Fiscal Year and Outyear Amounts:**

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

**Note: Only use this table for expenses that are not included in the current adopted budget.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Estimated Fiscal Operating Impact** | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Recurring or One-Time | One-Time | | | |  |  |
|  |  |  |  |  |  |  |
| **Fund Name** | **Current Fiscal Year** | **Outyear 1** | **Outyear 2** | **Outyear 3** | **Outyear 4** | **Total** |
|  | $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:**

**Note: Each WBS number must be listed in the Fiscal Note. All CIP Form As must be attached to the COF.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Estimated Fiscal Operating Impact** | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Project** | **Current Fiscal Year** | **Outyear 1** | **Outyear 2** | **Outyear 3** | **Outyear 4** | **Total** |
| Project Name (WBS#) | $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** |

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| **Departmental Central Point of Contact** | | | | |
| **Signature:** |  |  | **Date:** |  |
| **Printed Name:** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departmental Budget Person Contact** | | | | |
| **Signature:** |  |  | **Date:** |  |
| **Printed Name:** |  |  |  |  |

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| **\*SAP Attachments**  **SAP attachments should be attached as a screenshot to the COF when submitting the Final COF. SAP attachments include one of the following: Purchase Requisition, Funds Reservation, Service Release Order, Budget Versus Actual. If the project is CIP or grant funded, please provide a Funds Reservation. Additionally, if the project is CIP funded, please provide the CIP Form A.** |

**SAP Attachments:**