

STATE OF CALIFORNIA
Certification of Past and Prior Year Information
DF-117
(Revised 06/2019)

Department of Finance
 915 L Street
 Sacramento, CA 95814
 IMS Mail Code: A-15

Fund Number and Name _____

Org Code/Department Title _____

Select Fund user type:

- As the **Non-Shared Fund Administrator**¹, our department has fully reconciled the past/prior accounting/budget information for fiscal year 2018-19 to reflect full compliance with state law; the information is accurate and reconciles between budget and accounting records.
- As the **Shared Fund Administrator**¹, our department has coordinated with all fund users of this fund and has fully reconciled the past/prior accounting/budget information for fiscal year 2018-19 to reflect full compliance with state law; the information is accurate based on the representation of fund user(s) for their portion of the fund, and reconciles between budget and accounting records.
- As a **Shared Fund User**¹, our department has provided the designated fund administrator of this fund with all necessary information on a timely manner to assist in the overall fund reconciliation. Our department has fully reconciled our portion of the past/prior accounting/budget information for fiscal year 2018-19 to reflect full compliance with state law; the information is accurate and reconciles between budget and accounting records.
- As a **Fund Administrator or User of a fund without a Fund Condition Statement**² our department has fully reconciled the past/prior accounting/budget information for fiscal year 2018-19 to reflect full compliance with state law; the information is accurate and reconciles between budget and accounting records.

Sign certification:

I certify (or declare) under penalty of perjury that the budget and accounting information provided to the Department of Finance by my organization reconciles to the year-end financial reports submitted to the State Controller's Office. In addition, I understand that this information is subject to audit by the Department of Finance's Office of State Audits and Evaluations, to be funded by my department's spending authority from the fund.

 Signature (Department Head or Designee)³

 Date

 Print Name, Title

 Phone #

¹ This certification applies to funds with a Fund Condition Statement in the Governor's Budget.

² This certification applies to funds that do not have a Fund Condition Statement in the Governor's Budget: (1) most non-governmental costs funds (including bond and federal funds) and (2) certain funds (e.g., General Fund/Special Deposit Fund) that are administered on a statewide level. Please refer to the State Funds Manual, or contact your Finance budget analyst for additional information.

³ Designee may be delegated down one level, such as the Chief Deputy Director, only.