

STATE OF CALIFORNIA
DEPARTMENT OF FINANCE
OFFICE OF STATE AUDITS AND EVALUATIONS
CERTIFICATION OF FEDERAL AWARD RECEIPT

Certification of Federal Award Receipt

Department Name: _____

Business Unit: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Fiscal Year: _____

I certify (or declare) under penalty of perjury that the fiscal information submitted by the above stated department is true and accurate during the Fiscal Year stated above.

Signature (Department Head or Designee)

Date

Print Name, Title

Phone Number