

**STATE OF CALIFORNIA**  
**Certification of Past and Prior Year Information**  
**DF-117**  
**(Revised 06/2018)**

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**<sup>1</sup>, our department has fully reconciled the past/prior accounting/budget information for fiscal year 2017-18 to reflect full compliance with state law; the information is accurate and reconciles between budget and accounting records.
- As the **Shared Fund Administrator**<sup>1</sup>, our department has coordinated with all fund users of this fund and has fully reconciled the past/prior accounting/budget information for fiscal year 2017-18 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**<sup>1</sup>, 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 2017-18 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**<sup>2</sup> our department has fully reconciled the past/prior accounting/budget information for fiscal year 2017-18 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)<sup>3</sup>

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name, Title

\_\_\_\_\_  
 Phone #

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

<sup>2</sup> 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.

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