**STATE OF CALIFORNIA**

Department of Finance

915 L Street

Sacramento, CA 95814

IMS Mail Code: A-15

**Certification of Past and Prior Year Information**

**DF-117**

**(Revised 07/2020)**

**Fund Number and Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Org Code/Department Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select Fund user type:**

As the **Non-Shared Fund Administrator**, our department has fully reconciled the past/prior accounting/budget information for fiscal year 2019-20 to reflect full compliance with state law; the information is accurate and reconciles between budget and accounting records.

As the **Shared Fund Administrator**, our department has coordinated with all fund users of this fund and has fully reconciled the past/prior accounting/budget information for fiscal year

2019-20 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**, 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 2019-20 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

2019-20 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.

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Signature (Department Head or Designee) 3 Date

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Print Name, Title Phone #

 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.