

**DHMH FUNDING CERTIFICATION FORM**

**FOR USE BY AGENCIES AND FACILITIES WITHIN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

WHEN REQUESTING CERTIFICATION OF FUNDS IN CONJUNCTION WITH STANDARD, HUMAN AND INFORMATION TECHNOLOGY SERVICES PROCUREMENTS OF LESS THAN \$25,000, COMPETITIVE SEALED BIDS LESS THAN \$50,000, BIDS FOR LICENSED HEALTH PROFESSIONALS LESS THAN \$100,000, MOU'S/MOA'S, UNIFIED GRANT AWARDS, AND GRANTS

1. _____ Solicitation (IFB/RFP) 2. _____ Contract / MOU-MOA 3. _____ Option Exercise	4. _____ Modification/Amendment 5. _____ Unified Grant Award 6. _____ Grant	7. BMO Log Number _____ 8. Contract Control Number _____ 9. Previous OPASS # _____
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9. R\*STARS FINANCIAL AGENCY NAME \_\_\_\_\_ 13. DATE PREPARED: \_\_\_\_\_

10. R\*STARS AGENCY CODE **M00** \_\_\_\_\_ APPROP CODE **32**.

11. EXPENDITURE CHARGED TO: PCA \_\_\_\_\_ AOBJ \_\_\_\_\_

12. FUNDING SOURCE - % \_\_\_\_\_ DEPARTMENT CODE **M0** \_\_\_\_\_

14. DESCRIPTION OF SERVICE; AND PURPOSE: (Check one and enter description below)  Standard  Human  Information Technology

15. REASON(S) WHY YOUR AGENCY OR ANOTHER STATE ENTITY ARE UNABLE TO PROVIDE REQUESTED SERVICES:

16. ANTICIPATED CONTRACT COST/VALUE FY ____\ \$ _____ FY ____\ \$ _____ \$ FY ____\ \$ _____ FY ____\ \$ _____ <p align="center">TOTAL COST/VALUE</p>	17. ESTIMATED ADDITIONAL COST TO STATE (Personnel, equipment, supplies, payroll, taxes, etc. <u>not</u> paid to this vendor.) <p align="center">\$ _____</p>
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18. BIDDERS, EVEN IF ONLY ONE (circle letter of selected vendor) _____ IF MBE A. _____ \$ B. _____ \$ C. _____ \$ D. _____ \$ E. _____ \$	19. SOLICIT. ISSUE DATE _____ 20. CONTRACT START DATE _____ 21. COMPLETION DATE _____ 22. OPTION PERIOD(S) _____ 23. PROCUREMENT METHOD _____
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24. SELECTED VENDOR'S (S.S.N.\F.E.I.N.) \_\_\_\_\_ 25. CITY & STATE \_\_\_\_\_

26. \*By my signature below, I certify that sufficient funds \_\_\_\_\_ have \_\_\_\_\_ have not been specifically provided in the budget for the services requested, and that the services are for State use. In either case, funds will be available from the following source(s):

<u>PCA CODE</u>	<u>AOBJECT</u>	<u>FEDERAL GRANT TRACKING #</u>	<u>AMOUNT</u>
a.			\$ _____
b.			\$ _____
c.			\$ _____

TITLE	SIGNATURE	PHONE #	DATE
27. REQUESTOR			
28. AGENCY FISCAL OFFICER*			
29. BMO BUDGET ANALYST*		X6063	
30. PROCUREMENT OFFICER			

## INSTRUCTIONS FOR COMPLETING DHMH FUND CERT FORM

For additional assistance contact your Agency Procurement Coordinator

*One and only one of the following six items must be checked.*

1. Check only if used for "INVITATION FOR BIDS;" or "BID BOARD NOTICE"
2. Check only if used for Standard, Human or, IT Contract or MOU/MOA, not for, MOD, or OPTION
3. Check only if used when exercising OPTION already contained in current contract
4. Check only if used for contract MODIFICATION/AMENDMENT, not Option
5. Check only if used for Unified Grant Award (Grant, Renewal, Supplement, Reduction)
6. Check only if used for Standard Grant Agreement
  
7. LEAVE BLANK (to be completed by Budget Management Office)
8. LEAVE BLANK (to be completed by Division of Contracts)

*If you require assistance with any of the next four entries, contact your Agency's fiscal Unit or BMO Budget Analyst*

- \* 9. Must be filled - 3 or 4 letter agency name abbrev. and full Program name *i.e.* CPHA - Family Health Services
- \* 10. Must contain 8-digit R\*STARS Agency code ONLY *i.e.* M00M0101
- \* 11. Must contain PCA and Agency Object codes where the item is to be charged (not necessarily budgeted) *these codes may or may not agree with those in item 26*
- \* 12. Must contain FUND type ("General", "Special", "Federal", "Reimbursable" etc.) with %. Fund sources cited must total to 100%.
  
- \* 13. Must contain date BB-4 was filled out
- \* 14. Check box to identify the appropriate service type, then write brief statement of what service is being bought and what it is for.
- \* 15. Brief statement justifying why service cannot be obtained from ANY State entity
- \* 16. How much will be paid to the vendor or to the State each fiscal year; and total cost or value or anticipated cost or value of the contract to the Vendor, or the State
17. What will be paid out to anyone other than this vendor because of this contract, and any State support/implementation costs not included in the contract
18. Who submitted bids/proposals (vendor's name), at what price, and are they a certified MBE (check if yes); if sole source enter the name of the only vendor, if solicitation this will be blank
19. When was/will solicitation (be) published in MD Register or Bid Board posted
- \* 20. When will services start or vendor be available
21. When will services end, including any Agency review
22. If any options, what periods of time or \$ amount of extra work
23. Choose from: "Competitive Sealed Bidding," "Small Procurement," "Sole Source," or "N/A" *use N/A for MOUs/MOAs, Grants, UGAs, Mods, and Options*
- \* 24. Fill in Selected Vendor's Social Security Number or Federal Employers Identification Number
- \* 25. Fill in City & State location of Vendor

*If you require assistance with the next entry, contact your Agency's fiscal Unit or BMO*

*Budget Analyst*

- \* 26. Check only ONE box; if "have not," *do not write "Future Budget Amendment" or "Contingent Fund;"* fill in complete funding codes for all funding sources; (if necessary, record additional funding information on separate sheet), enter any applicable Federal Grant Tracking numbers and the amount of money derived from each funding source (*total amount should equal "Total Cost/Value" in block 16*)
  
- \* 27. Printed name, signature and phone number of individual authorized to initiate procurement
- \* 28. Printed name, signature and phone number of Agency finance or budget official
29. Leave Blank
30. Leave Blank

**\* - MANDATORY - box is never to be left blank, or marked n/a**