

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF PROCUREMENT AND SUPPORT SERVICES  
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.

1. <input type="checkbox"/> Solicitation (IFB/RFP) 2. <input type="checkbox"/> Contract / MOU-MOA 3. <input type="checkbox"/> Option Exercise	4. <input type="checkbox"/> Modification/Amendment 5. <input type="checkbox"/> Unified Grant Award 6. <input type="checkbox"/> Grant	7. BMO Log Number _____ 8. Contract Control Number _____ 9. Previous OPASS # _____																				
10. R*STARS FINANCIAL AGENCY NAME _____		14. DATE PREPARED: _____																				
11. R*STARS AGENCY CODE <b>M00</b> _____ APPROP CODE <b>32.</b> _____																						
12. EXPENDITURE CHARGED TO: PCA _____ AOBJ _____																						
13. FUNDING SOURCE - % _____ DEPARTMENT CODE <b>M0</b> _____																						
15. DESCRIPTION OF SERVICE; AND PURPOSE: (Check one and enter description below) <input type="checkbox"/> Standard <input type="checkbox"/> Human <input type="checkbox"/> Information Technology																						
16. REASON (S) WHY YOUR AGENCY OR ANOTHER STATE ENTITY ARE UNABLE TO PROVIDE REQUESTED SERVICES:																						
17. ANTICIPATED CONTRACT COST/VALUE FY _____ \ _____ \$ _____ FY _____ \ _____ \$ _____     \$ _____ 0.00 FY _____ \ _____ \$ _____     TOTAL COST/VALUE FY _____ \ _____ \$ _____		18. ESTIMATED ADDITIONAL COST TO STATE (Personnel, equipment, supplies, payroll, taxes, etc. <u>not</u> paid to this vendor.) \$ _____																				
19. BIDDERS, EVEN IF ONLY ONE (circle letter of selected vendor) <input checked="" type="checkbox"/> IF MBE A. _____ \$ _____ B. _____ \$ _____ C. _____ \$ _____ D. _____ \$ _____ E. _____ \$ _____		20. SOLICIT. ISSUE DATE _____ 21. CONTRACT START DATE _____ 22. COMPLETION DATE _____ 23. OPTION PERIOD(S) _____ 24. PROCUREMENT METHOD _____																				
25. SELECTED VENDOR'S (S.S.N.\F.E.I.N.) _____		26. CITY & STATE _____																				
27. *By my signature below, I certify that sufficient funds <input type="checkbox"/> have / <input type="checkbox"/> 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):																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:20%;"><u>PCA CODE</u></th> <th style="width:20%;"><u>AOBJECT</u></th> <th style="width:20%;"><u>FEDERAL GRANT TRACKING #</u></th> <th style="width:25%;"><u>AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>b.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>c.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>				<u>PCA CODE</u>	<u>AOBJECT</u>	<u>FEDERAL GRANT TRACKING #</u>	<u>AMOUNT</u>	a.	_____	_____	_____	\$ _____	b.	_____	_____	_____	\$ _____	c.	_____	_____	_____	\$ _____
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b.	_____	_____	_____	\$ _____																		
c.	_____	_____	_____	\$ _____																		
<b>TITLE</b>	<b>SIGNATURE</b>	<b>PHONE #</b>	<b>DATE</b>																			
28. REQUESTOR																						
29. AGENCY FISCAL OFFICER*																						
30. BMO BUDGET ANALYST*																						
31. PROCUREMENT OFFICER																						

**Submit to the DHMH Budget Management Office**

## 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**