MARYLAND DEPARTMENT OF HEALTH
FUNDING CERTIFICATION FORM

FUNDS CERTIFICATION FOR DELEGATED AND EXEMPT SOLICITATIONS AND CONTRACTS, GRANTS, AGREEMENTS, LOCAL HEALTH DEPARTMENTS OR INFORMATION TECHNOLOGY SERVICES AND SUPPLIES

1. Solicitation (IFB/RFP)	4. Modification/Amendment	7. BMO Log Number ______
2. Contract / MOU-MOA	5. Unified Grant Award	
3. Option Exercise	6. Grant	8. Contract Control Number ______

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 - ______

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

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

16. ANTICIPATED CONTRACT COST/VALUE

FY ___ \ ______

FY ___ \ ______ $ ______

FY ___ \ ______ TOTAL COST/VALUE

FY ___ \ ______

17. ESTIMATED ADDITIONAL COST TO STATE (Personnel, equipment, supplies, payroll, taxes, etc. not paid to this vendor.)

18. BIDDERS, EVEN IF ONLY ONE (Indicate selected vendor and check 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 ______

24. SELECTED VENDOR'S SSN/FEIN

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):

	PCA CODE	AOBJECT	FEDERAL GRANT TRACKING #	AMOUNT
a.				$
b.				$
c.				$

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