

## STATE FINANCIAL MARKETPLACE COMPLIANCE CERTIFICATION FORM & AGREEMENT

Department Name	Lead Analyst and Phone Number	
Project Title	Purchase Order Number and/or Projected Issue Date	
Approximate Contract Dollar Amount (Do not include finance charges)	Current Interest Rate*	Approximate Finance or Lease Charges*

I hereby certify the following:

- A. I am the Department Director or designee and have a full understanding that once these assets or this project is financed, there is no termination of this financing contract and any failure to timely repay this obligation could have a significant adverse impact on the State of California's credit rating and its cost of future borrowing;
- B. In coordination with the State Financial Marketplace, this department shall, to the extent permitted by state law, comply with the applicable federal income tax law requirements to establish and maintain federal tax-exemption of interest payable under this financing contract.
- C.  This is a delegated procurement and is within this department's delegation, delegation # \_\_\_\_\_; or,  the Procurement Division of DGS has conducted this procurement;
- D. The purchase described herein is either  an information technology purchase which was conducted in compliance with the relevant delegations, statutes, policies and procedures for information technology (e.g. PCC Section 12100 et seq., SAM Section 5200, etc.);  or a commodity purchase conducted in compliance with the relevant delegations, statutes, policies and procedures for commodities (e.g. PCC Section 10300 et seq., SAM Section 3500, etc.);
- E. Any new or enhanced information technology capabilities are consistent with project justification approved by the appropriate control agencies, which would include, but is not limited to, the Feasibility Study Report (FSR), a Budget Change Proposal (BCP) and any approval letter from an appropriate control agency;
- F. Please identify by name the procurement vehicle, solicitation or NCB number, and attach supporting documentation; if solicitation was conducted in FI\$Cal, please provide Event ID #:

\_\_\_\_\_

The matters described herein are in compliance with the criteria and procedures identified in the State Contracting Manual, Volumes 1, 2 and 3. Supporting documentation, which includes but is not limited to the evaluation and selection document, the procurement summary, the ITPP, the purchase estimate, and any exemption request and approval is attached;

- G. This procurement used the current approved version of the Terms and Conditions or General Provisions for the above referenced procurement vehicle, and the standard GS \$Mart or Lease \$Mart terms and conditions. Any variations must be previously approved by DGS. Supporting documentation, which identifies any changes to the standard language and DGS approval, is attached;
- H. This purchase order and/or agreement has been duly authorized, executed and delivered by the State acting through its duly qualified elected or appointed officers or agents in accordance with its contract type; and
- I. I certify that this purchase is vital and mission critical for this agency or department.
- J. The foregoing statements are true to the best of my knowledge and belief.

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Director or Designee

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

I understand that the State's selected Lender is not required to submit invoices per the Prompt Payment Act (GC§ 927 et seq.) because the payment due dates are included on the payment schedule that becomes part of the contract.

I understand and certify that this is a \_\_\_\_\_ year financing arrangement and that approximately \$\_\_\_\_\_ per fiscal year will be required to be set aside out of this department's budget over the next \_\_\_\_\_ fiscal years to complete this financing obligation.

Are there Federal Funds allocated for repayment of this loan?  Yes  No

Fund Source(s) \_\_\_\_\_ Budget Line Item(s): \_\_\_\_\_

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Budget Officer

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Financing transactions will be approved by the State Financial Marketplace Manager, financings between \$500,000 and \$999,999 will be reviewed by the Deputy Director of the Procurement Division, and all financing transactions over \$1,000,000 must be reviewed by the Director of the Department of General Services.**

**Department of General Services**  Approved

\_\_\_\_\_  
Patrick Mullen, State Financial Marketplace Manager, Procurement Division, Department of General Services Date

**Department of General Services**  Reviewed/Acknowledged

\_\_\_\_\_  
Jim Butler, Deputy Director, Department of General Services Date

**Director, Department of General Services**  Reviewed/Acknowledged

\_\_\_\_\_  
Daniel Kim, Director, Department of General Services Date

\*These figures (Current Interest Rate and Approximate Finance Charges) are estimates from the beginning of the financing process. If they vary significantly, the using department may need to sign a revised Compliance Certification Form.



### GS \$Mart Appropriation Information

**Purpose:**

Per Government Code Section 14930 et seq., the Department of General Services (DGS) requires the following appropriation information so that the State Controller’s Office (SCO) can transfer the necessary funding into DGS’ Special Deposit Fund so that DGS can make GS \$Mart loan payments on behalf of GS \$Mart customer departments.

**NOTE:** All information must be verified and approved by a department’s budget officer.

\*Required Items

<b>*Date:</b>	Click here to enter a date.
<b>*Department:</b>	Click here to enter text.
<b>*Agreement Number:</b>	Click here to enter text.
<b>*Project Title:</b>	Click here to enter text.

**Appropriation Information:**

<b>*Agency (4-digits)</b>	<b>*Reference (3-digits)</b>	<b>*Fund (4 digits) and Sub Acct (3 digits)</b>	<b>*Fund %</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

<b>*Category (2 digits):</b>	Click here to enter text.
<b>*Fiscal Year:</b>	Click here to enter text.
<b>*Program (2 digits):</b>	Click here to enter text.
<b>*Element (2 digits):</b>	Click here to enter text.
<b>Component (2 digits):</b>	Click here to enter text.
<b>Task (3 digits)</b>	Click here to enter text.

**Certification and Approval:**

Authorized Name (Print or Type) Click here to enter text.	Title Click here to enter text.
Authorized Signature	Date
Budget Officer Name (Print or Type) Click here to enter text.	Telephone Number: Click here to enter text.
Budget Officer Signature	Date