STATE OF CALIFORNIA
Certification of Past and Prior Year Information
DF-117
(Revised 4/2015)

Fund Number and Name ______________________________________

Org Code/Department Title ______________________________________

☐ As the Non-Shared Fund Administrator\(^1\), our department has fully reconciled the past/prior accounting/budgeting information for fiscal year 2014-15 to reflect full compliance with state law; the information is accurate and reconciles between budgeting and accounting records. I certify (or declare) under penalty of perjury that the budgeting and accounting information provided to the Department of Finance reconciles to the year-end financial reports submitted to the State Controller’s Office.

☐ As the Shared Fund Administrator\(^1\), our department has coordinated with all fund users of this fund and has fully reconciled the past/prior accounting/budgeting information for fiscal year 2014-15 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 budgeting and accounting records. I certify (or declare) under penalty of perjury that based on the representation of fund user(s) for their portion of the fund, the budgeting and accounting information provided to the Department of Finance reconciles to the year-end financial reports submitted to the State Controller’s Office.

☐ As a Shared Fund User\(^1\), our department has provided the designated fund administrator of this fund with all necessary information to assist in the overall fund reconciliation. Our department has fully reconciled our portion of the past/prior accounting/budgeting information for fiscal year 2014-15 to reflect full compliance with state law; the information is accurate and reconciles between budgeting and accounting records. I certify (or declare) under penalty of perjury that the budgeting and accounting information provided to the designated fund administrator and the Department of Finance reconciles to the year-end financial reports submitted to the State Controller’s Office.

☐ As a Fund Administrator or User of a fund without a Fund Condition Statement\(^2\), our department has fully reconciled the past/prior accounting/budgeting information for fiscal year 2014-15 to reflect full compliance with state law; the information is accurate and reconciles between budgeting and accounting records. I certify (or declare) under penalty of perjury that the budgeting and accounting information provided to the Department of Finance reconciles to the year-end financial reports submitted to the State Controller’s Office.

______________________________________________________________  ______________________
Signature (Department Head or Designee)                      Date

______________________________________________________________  ______________________
Print Name, Title\(^3\)                                         Phone #

\(^1\) 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.

\(^3\) Must be at least one level above both accounting and budgets.