

# CERTIFICATION OF INCOME

## 2024 Fiscal Year

BUSINESS AREA \_\_\_\_\_  
 FUNDS CENTER TITLE \_\_\_\_\_  
 FUND TITLE \_\_\_\_\_

We have reviewed and certify that our agency expects to receive the anticipated revenues reflected herein to fund this appropriation. The agency will monitor these funds during the course of the year and if at any time it appears that these funds will not be received or additional funds become available, we will file an amended form and make appropriate budgetary adjustments.

In the following section please detail by funding source the revenue components your agency expects to receive. If there are multiple sources for any category, please attach a worksheet that details each separate revenue source.

<b>Funding Sources</b>	<b>Description</b>	<b>Estimated Amount</b>
Fund Balance	_____	_____
Special Revenues	_____	_____
Federal Revenues	_____	_____
Revolving Funds	_____	_____
Cash Funds	_____	_____
General Revenue (*)	_____	_____
Performance Fund (**)	_____	_____
Other	_____	_____
<b>TOTAL FUNDING</b>		-0
<b>ANNUAL OPERATIONS PLAN</b>		-

*§ 19-1-611. Civil penalty. If the public officer or employee is found by the court to have knowingly violated the fiscal responsibility and management laws, the*

\_\_\_\_\_  
 CABINET FISCAL OFFICER DATE

\_\_\_\_\_  
 CABINET SECRETARY DATE

(\*) General Revenue Funding in accordance with the Official Revenue Forecast of Net Available General Revenue for Distribution.

(\*\*) Merit Adjustment Funding will be available in 4th Quarter only if salary savings are insufficient to cover allocations.