MEMORANDUM

Date: July 28, 2011
From: Chief of Staff, Maryland Military Department
To: State’s Program Managers and Support Personnel
Subject: State’s Programs Fiscal Accountability

The Maryland Military Department continues to review and assess our fiscal procedures in all the areas of responsibilities, both internal and external. Our goal is to maximize the execution of state and federal funds impacting our day to day responsibilities, as well as to ensure that proper internal controls are in effect. Moreover, when appropriate we must change or modify our current business practices.

As Program Managers and Support personnel, we are responsible to ensure that all transactions in our program/s, regardless of funds source are properly executed following applicable State’s regulatory and statutory guidelines.

Effective immediately, the Maryland Military Department will implement the following procedures:

1. All procurement and personnel hiring actions requiring federal reimbursable funds must be approved in writing by the Federal Program Managers and the State Program Managers. This must not only be a collaborative effort, but with written signature approval for execution of funds. (See attachment #1 with a current listing of State and Federal Program Managers for each Cooperative Agreement Appendix. The list is by position, title only and specifics must be provided yearly and for as changes occur).

2. Delegation of signature authority by any State or Federal program manager must be documented in writing, approved by your Director, Chief of Staff or Senior Manager with overall responsibility for the Program Manager. This delegation of authority will be provided to the State Financial Officer for final review/acceptance for fiscal compliance.

3. State Purchase Requisitions (See attachment #2) for procurement actions and the State Hiring Request Form (See attachment #3) for personnel hiring actions will require the signature of both federal and state managers whenever federal funds are involved. The fund source must be included on the requisition, as well as any pertinent information.

4. Procurement and/or personnel actions which do not require federal funds will be processed following similar guidance above but will not require the federal manager signature. Any action that fails to meet these above established guidelines will be returned to the originator without action. No exceptions other than actions personally originated by the TAG will be processed.

I have read this memorandum and agree to comply with all of its provisions:

Printed Full Name

Title

Signature

Date
MILITARY DEPARTMENT STATE REQUISITION

NOTE: All areas must be completed prior to submission. DATE

FROM:

Email address:

SHIP TO:

PROGRAM DEPARTMENT: PHONE NUMBER:

(Cell preferred)

Requested by:
(Name/Location)

Charge to:
FED#

STATE#

Purpose:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Description</th>
<th>Price</th>
<th>Amount</th>
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</thead>
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If requesting a specific vendor, give name, street address, phone number and email address:

Federal Program Manager Approval

STATE Program Manager Approval

Purchasing Approval

NAME

DATE

TITLE

SIGNATURE:

NAME

DATE

TITLE

SIGNATURE:

NOTE 1: When possible description must have complete name, statetr and model numbers.

NOTE 2: Send the original and 3 copies to Contracting and Procurement Office.
NOTIFICATION OF INTENT TO
FILL A VACANT POSITION

Program:

Hiring Manager or Contact Person: ___________________________ Phone: ___________________________

Classification: ___________________________ Class Code: ___________________________ Salary Grade (Permanent)

Note: Please indicate the proposed classification if there have been significant changes to the position. For salaries above base, please indicate the maximum starting salary, taking into account the usual salary increases.

Indicate one: □ Permanent □ Contractual □ Agency Temp □ Temporary Noncontractual*  □ Yes □ No
*Also referred to as temporary emergency. Limited to six months and cannot be renewed.

PIN: ___________________________ Service: Skilled ___________________________ Special Appointment?

Name of Previous Incumbent: ___________________________ Work Location: ___________________________

Type of Recruitment: □ Military Department Promotional Only  □ Statewide Promotional Only

□ Open and Promotional

Type of Advertisement: □ DBM Webpage □ Newspaper □ Other, as noted

Please attach the following:

□ Current position description (Form MS-22) signed by the supervisor and program manager

□ Current organization chart with appropriate approval signature(s)

□ Interview questions with justification for each (recommended). We also recommend you forward questions to the Director of Program Equity for review and comment before you conduct interviews.

□ If applicable, selective qualifications and special requirements and justification

By authorizing this recruitment, the Program Manager(s) certifies(y) funds are available for the recruitment, to include paid advertisements, and hiring of employee for this position. Requests involving positions funded with federal funds must also be signed by the appropriate federal program manager.

Federal Program Manager Signature (if applicable) ___________________________ Date ___________________________

State Program Manager Signature ___________________________ Date ___________________________