



**OFFICE OF THE COMPTROLLER**  
**DEPARTMENT HEAD MMARS SECURITY CERTIFICATIONS**

Department Name	Department Code Three character MMARS Code
<p>Effective the date of my signature below, as a condition of receiving MMARS security, and as department head of the state department, I hereby make the following certifications:</p> <p>1. That in order to support the use of electronic signatures to document my certification to the Comptroller of my approval of obligations, expenditures, receipt of revenue and other fiscal business of my department, I agree to ensure that this department will conduct all fiscal business in accordance with state finance law, including but not limited to Massachusetts General Laws Chapter 29 and Chapter 7A, and laws, regulations, policies and procedures of the Office of the Comptroller.</p> <p>2. That if my department is within the Legislative or Judicial Branch or is a non-Executive Department or institution, that I understand that agreeing to comply with state finance laws, including Comptroller laws, regulations, policies and procedures will not by implication extend compliance to Executive Orders or other Executive Branch directives that this department would not normally be subject to, unless the ability to use certain MMARS transactions, system functionality or benefits (such as transaction delegation or incidental purchases) requires compliance with certain minimum requirements (such as the use of standard Commonwealth boilerplate contracts, or compliance with minimum procedures). If my department chooses to take advantage of these benefits, I agree that the department will comply with the minimum requirements for these benefits.</p> <p>3. That I understand that all staff to whom I delegate authorization to sign and/or approve documents, obligations or expenditures on my behalf will be assigned to MMARS Administrator Authorized Signatory security roles. I understand that agency staff processing documents with these roles will not be required to obtain a signature or any additional authorization prior to processing a document to final status. Other than the normal procurement signatures and file documentation, I also understand that documents processed with just the regular "Administrator" roles will require sign off by an authorized signatory prior to making the document final in MMARS. Such delegation shall not relieve me from any obligations or responsibilities under applicable general and special laws, regulations, policies and procedures. I understand that my Department Security Officer is delegated by virtue of their Security Officer designation to administer security on my behalf.</p> <p>4. That I agree to appoint staff into the Key State Finance Law Compliance Roles of Chief Fiscal Officer, Security Officer, Payroll Director, Internal Control Officer, MMARS Liaison, General Counsel, GAAP Liaison and Single Audit Liaison. I also agree these individuals will be responsible for the duties prescribed by the Comptroller related to state finance law compliance.</p> <p>5. That I agree to approve changes to Administrator roles and changes to Key State Finance Law Compliance Roles and to ensure that these changes are filed as part of this Department's Internal Controls and are also communicated without delay to the Comptroller's Security Officer.</p> <p>6. That I understand and agree that any document submitted to final status in MMARS and any underlying supporting documentation shall operate as my certification that the documents are accurate and complete and that the expenditure or other obligation is supported by sufficient legislatively authorized funds and is made in accordance with this Department's legislative mandates and funding authority; and complies with all applicable laws, regulations, policies and procedures.</p>	
Department Head Signature	Date
Print Name	