**Deficit Provision Acknowledgment Form**

**Section A (for all agencies)**

**Agency Acknowledgement**

I have received, read, and understand your instructions regarding indebtedness of state agencies as they relate to the requirements of § 4-3.01 of the current Appropriation Act.

Agency Name Agency Code

Other agencies in the Act (if any) for which your agency is responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Cabinet Head Name

Agency/Cabinet Head Signature
 *(Personal signature is required above and cannot be delegated)*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B (if applicable to your agency)**

**Supervisory Board** *(see §2.2-2100 of the Code of Virginia for what constitutes a “supervisory board” )*

I have provided each member of the supervisory board of this agency with a copy of the notice in this memorandum and I will provide the same material to those appointed to the board in the future.

 *(Personal Signature of Agency Head)*

Date:

***E-mail to:***

*Digitally sign or scan the signed**original; Save as a PDF, and Email to* ***budget@dpb.virginia.gov******.***

*NOTE: Provide your agency name and agency number as well as the phrase “Deficit Provision Acknowledgment Form” in the subject line of the email.*