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| **CALIFORNIA STATE TREASURER’S OFFICE** | | | | | | | |  | PROPOSED | |
| POSITION DUTY STATEMENT | | | | | | |  | | | |
|  | | | | | | |  | X | CURRENT | |
|  | | | | | | |  | | | |
| **DIVISION OR BCA** | | | | | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | **Position ID** |
| California Debt Limit Allocation Committee (CDLAC) | | | | | | | 343-001-5393-009 | | | 5019 |
| **UNIT** | | | | | | | **CLASSIFICATION TITLE** | | | |
|  | | | | | | | Associate Governmental Program Analyst | | | |
| **TIME BASE / TENURE** | | **CBID** | **WWG** | **COI** | | **MCR** | **WORKING TITLE** | | | |
| P/FT | | R01 | 2 | Yes  No | | 1 | Associate Governmental Program Analyst | | | |
| **LOCATION** | | | | | | | **INCUMBENT** | **EFFECTIVE DATE** | | |
| Sacramento | | | | | | |  |  | | |
| **STATE TREASURER’S OFFICE MISSION** | | | | | | | | | | |
| The State Treasurer’s Office (STO) provides banking services for state government with goals to minimize banking costs and maximize yield on investments. The Treasurer is responsible for the custody of all monies and securities belonging to or held in trust by the state; investment of temporarily idle state and local government monies; administration of the sale of state bonds, their redemption and interest payments; and payment of warrants drawn by the State Controller and other state agencies. | | | | | | | | | | |
| **COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION** | | | | | | | | | | |
| The California State Treasurer’s Office (STO) is committed to building and fostering a diverse workplace. We believe cultural diversity, backgrounds, experiences, perspectives, and unique identities should be honored, valued, and supported. We believe all staff should be empowered. The STO is proud to foster inclusion and representation at all levels of the Department. | | | | | | | | | | |
| **DIVISION OR BCA OVERVIEW** | | | | | | | | | | |
| **BRIEFLY DESCRIBE THE DIVISION/UNIT FUNCTIONS** | | | | | | | | | | |
| The California Debt Limit Allocation Committee was established July 19, 1984, by the Governor's Executive Proclamation in response to the Federal Tax Reform Act of 1984. The Committee oversees California's system for allocation of the State's private activity bond limit. This limit was set by the U.S. Congress and applies to most projects financed with industrial development bonds. The Committee computes the annual limit in accordance with federal law and provides allocations to cities, counties, state agencies and local development authorities, among others. The Committee also maintains records on the use of private activity bond allocations throughout the State. | | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | | |
| **BRIEFLY (1 OR 2 sentences) DESCRIBE THE POSITION’S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS** | | | | | | | | | | |
| Under the supervision of the Staff Services Manager I (Program Manager), the incumbent will perform the following: | | | | | | | | | | |
| **% of time performing duties** | **Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.** | | | | | | | | | |
| 30% | Prepare concise and thorough written staff reports on requests for consideration by the Committee members (the State Treasurer, the State Controller and the Director of Finance) and the Executive Director. Analyze and evaluate requests for Private Activity Bond Allocation. Coordinate the preparation and signature process of resolutions and other formal documents pertaining to the awards, and subsequent use of the allocations. | | | | | | | | | |
| 25% | Access data from the Crystal Reports queries that the Committee uses to produce a variety of routine and ad hoc reports for staff, Committee members, and the users of allocations, the Legislature and the public. Assist the Program Manager and Deputy Director with the ongoing development of new Crystal Report queries needed to generate additional routine or ad hoc reports. Assist with analyzing, reviewing and interpreting technical information concerning private activity bond financing programs (current as well as proposed) with input from the Executive Director, Deputy Director, and Program Manager. Prepare correspondence and information materials (including legislative analyses) concerning programs for distribution to the Executive Director, the State Treasurer’s Office, local and state governmental representatives and private sector investment bankers, bond attorneys and consultants. Advise the Program Manager, Deputy Director, and Executive Director when projects or programs do not conform to the Committee’s policies and procedures. | | | | | | | | | |
| 15% | Assist Program Manager with ongoing development and maintenance of electronic (Excel) program evaluation, corresponding workbook troubleshooting and formula issues, and updating information to ensure consistency with the CDLAC regulations. | | | | | | | | | |
| 15% | Assist the Executive Director, Deputy Director, and Program Manager by serving as the special project designee. Special project assignments will result in recommendations to address a broad spectrum of potential administrative and program-related problems. | | | | | | | | | |
| 10% | Inform interested members of the public about the Committee’s programs, policies and procedures by responding to requests for sensitive and timely information. Maintain cooperative working relations with bond underwriters, bond counsel, other state agencies, local government representatives and others involved in the completion of private activity bond financings. | | | | | | | | | |
| 5% | Other job-related duties as required | | | | | | | | | |
| **SPECIAL REQUIREMENTS** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **To be reviewed and signed by the supervisor and employee:**  **EMPLOYEE’S STATEMENT:**   * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | | |
| **EMPLOYEE’S NAME (Print)** | | | | | **EMPLOYEE’S SIGNATURE** | | | **DATE** | | |
|  | | | | |  | | |  | | |
| **SUPERVISOR’S STATEMENT:**   * *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION* * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | | |
| **SUPERVISOR’S NAME (Print)** | | | | | **SUPERVISOR’S SIGNATURE** | | | **DATE** | | |
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