DAVID MAXWELL-JOLLY
Director

State ofCalifornia --Health and Human Services Agency

Department of Health Care Services

Print Form

ARNOLD SCHWARZENEGGER
Governor

ATTACHMENT 1

FOR STATE USE ONLY
Provider # / National Provider Identifier

CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES

This is to certify that Local Education Agency, _____
has $ _____ available in non-federal matchable funds to draw upon, up to an equal amount of federal Medicaid funds, for the fiscal year beginning July 1, 2009 and ending June 30, 2010.

This also certifies that once the Local Educational Agency named above has received reimbursement from Medicaid in the amount set forth above, billings from this Local Educational Agency shall cease until such time as it is certified that additional matchable funds are available.

The undersigned hereby warrants that he/she has the requisite authority to enter into this agreement on behalf of named School District/LEA and thereby bind the above named School District/LEA to the terms and conditions of the same.

_____ _____
Signature of Authorized Official Date

_____
Print Name

_____
Title

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