

Section IV:  
Completion of Sample CRCS

# LEA Identification

1. LEA Identification:

LEA Name California Unified School District  
Provider Number SS0123456  
Contact: Name John Doe  
Title LEA Coordinator  
Phone (123) 456-7890  
E-Mail Address jdoc@causd.edu

2. Certification of State Matching Funds for LEA Services:

I certify under penalty of perjury that the total personnel costs, annual hours worked by employees and contractors, and indirect cost rate provided on this Medi-Cal Cost and Reimbursement Comparison Schedule are true and correct, based on actual expenditures of the local education agency incurred for the period claimed, and that the funds/contributions have been expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51. These claimed expenditures have not previously been nor will not subsequently be used for federal match in this or any other program. I also certify that all expenditures reported within the Cost and Reimbursement Comparison Schedules are in compliance with the Office of Management and Budget (OMB) Circular A-87. To the extent that reporting is not governed by OMB Circular A-87, I certify that Generally Accepted Accounting Principles have been applied. I have notice that this information is to be used for filing of a claim with

Summary of Total Personnel Costs for LEA Services:

Total Personnel Costs for Medi-Cal IDEA Services   
(sum of Column D of Worksheet A)  
Total Personnel Costs for Medi-Cal Non-IDEA Services   
(Sum of Column D of Worksheet B)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date