CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES

ATTACHMENT 1
LEA Medi-Cal Provider Participation Agreement

FOR STATE USE ONLY

Provider # / National Provider Identifier

This is to certify that Local Education Agency, ________________________________, has $ _____________ available in non-federal matchable funds to draw down up to an equal amount of federal Medicaid funds for the fiscal year beginning July 1, 2007 and ending June 30, 2008.

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 ___________________________________________