

School-Based Medi-Cal Administrative Activities (SMAA)
Certification of Certified Public Expenditure Funding Source
For Fiscal Year _____

I, the undersigned, state the following: As a public administrator, a public officer, or other public individual duly authorized as having authority to sign on behalf of _____ (Public Agency), I am authorized or designated to make this Certification, and declare that this Certification is true and correct. I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law.

This Certification is made under the penalty of perjury.

1. The funding sources for all of the job classifications listed on the attached Local Educational Agency (LEA) Roster Report for participation in the School-Based Medi-Cal Administrative Activities program's Random Moment Time Survey are not fully federally funded.
2. The funding sources for all job classifications listed in the LEA roster report meet the requirements for certified public expenditures set forth in 42 Code of Federal Regulations 433.51
3. The Public Agency will maintain documentation supporting the allowable funding sources. This documentation must include all reports required for Medi-Cal field audits.
4. The Public Agency acknowledges that all records of fund sources are subject to review and audit by DHCS.
5. The Public Agency declares that the information provided in the LEA Roster Report is true and correct information and acknowledges that this information is to be used for filing a claim with the Federal Government for federal funds, and the knowing misrepresentation of this information constitutes violation of the Federal False Claims Act.

Typed Named of Authorized LEA Fiscal Officer

Title

Signature of Authorized LEA Fiscal Officer (Blue Ink Only)

Date