State Children's Health Insurance Program Budget Report
For the Title XXI Program
State Expenditure Plan
(In Thousands)

State:

Submission Date:

Quarter Ended:

Program:

Fiscal Year and Quarter	Total Computable	Federal Share	State Share
	A	B	C
Fiscal Year: 2008			
1. Quarter 1			
2. Quarter 2			
3. Quarter 3			
4. Quarter 4			
5. Total			
Fiscal Year 2009			
6. Quarter 1			
7. Quarter 2			
8. Quarter 3			
9. Quarter 4			
10. Total			

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.

2. The fiscal year budget estimates only include expenditures under the State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act (the Act) that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state Child Health Plan approved by the Secretary and in effect during the fiscal year under Title XXI of the Act.

3. The budget estimates are based upon the most reliable information available to the state.

4. The state and/or local funds required to match the state's allowable expenditures during the certification quarter will be available, and such state and/or local funds are in accordance with all applicable federal requirements for the non-federal share match of expenditures.

5. Federal matching funds are not being requested for the certification quarter to match expenditures under a state Child Health Plan amendment under Title XXI of the Act that was submitted after January 2, 2001, and has not been approved by the Secretary effective for the certification quarter.

6. The information shown on the Form CMS-21B is correct to the best of my knowledge and belief.

Date:	Signature:	Title:

Footnotes:

Form CMS-21B

Thursday, February 14, 2008 - 01:33 PM

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