

**Children's Health Insurance Program Budget Report  
For the Title XXI Program State  
Expenditure Plan**

**Submission Date:  
Certification Qtr:**

**State:**

| Fiscal Year and Quarter  | Total Computable | Federal Share | State Share |
|--|------------------|---------------|-------------|
|  | (A)              | (B)           | (C)         |
| <b>Fiscal Year:</b>  |                  |               |             |
| Quarter 1  |                  |               |             |
| Quarter 2  |                  |               |             |
| Quarter 3  |                  |               |             |
| Quarter 4  |                  |               |             |
| Total  |                  |               |             |
| <b>Fiscal Year:</b>  |                  |               |             |
| Quarter 1  |                  |               |             |
| Quarter 2  |                  |               |             |
| Quarter 3  |                  |               |             |
| Quarter 4  |                  |               |             |
| Total  |                  |               |             |
| I certify that:  |                  |               |             |
| <p>1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.</p> <p>2. The fiscal year budget estimates only include expenditures under the Children's Health Insurance Program (CHIP) 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 Children Health Plan approved by the Secretary and in effect during the fiscal year under Title XXI of the Act.</p> <p>3. The budget estimates are based upon the most reliable information available to the state.</p> <p>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.</p> <p>5. Federal matching funds are not being requested for the certification quarter to match expenditures under a Children 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.</p> <p>6. The information shown on the Form CMS-21B is correct to the best of my knowledge and belief.</p> |                  |               |             |
| Date:  | Signature:       | Title:        |             |
| User Performing Certification:   |                  |               |             |
| Footnotes:   |                  |               |             |

Children's Health Insurance Program Budget Report  
For the Title XXI Program State  
Expenditure Plan

Submission Date:  
Certification Qtr:

State:

Program: N/A

| Fiscal Year and Quarter | Total Computable | Federal Share | State Share |
|-------------------------|------------------|---------------|-------------|
|                         | (A)              | (B)           | (C)         |
| <b>Fiscal Year:</b>     |                  |               |             |
| Quarter 1               |                  |               |             |
| Quarter 2               |                  |               |             |
| Quarter 3               |                  |               |             |
| Quarter 4               |                  |               |             |
| Total                   |                  |               |             |
| <b>Fiscal Year:</b>     |                  |               |             |
| Quarter 1               |                  |               |             |
| Quarter 2               |                  |               |             |
| Quarter 3               |                  |               |             |
| Quarter 4               |                  |               |             |
| Total                   |                  |               |             |

Children's Health Insurance Program Budget Report  
21B Narratives

State:

Submission Date:  
Certification Qtr:

## Other Narrative Explanations

### SPA

Dollar Amount

### Miscellaneous

Dollar Amount

## Supporting Documents

| File Name | Description | Uploaded By | Uploaded Date |
|-----------|-------------|-------------|---------------|
|           |             |             |               |

Children's Health Insurance Program Budget Report  
21B Narratives

State:

Submission Date:  
Certification Qtr:

## Supporting Documents and Justification

### CMS-21B Submission

#### Supporting Documents

| File Name  | Description | Uploaded By | Uploaded Date |
|------------|-------------|-------------|---------------|
| No Records |             |             |               |

#### Explanation / Justification

No entries available

### CMS-21B Summary

#### Supporting Documents

| File Name  | Description | Uploaded By | Uploaded Date |
|------------|-------------|-------------|---------------|
| No Records |             |             |               |

#### Explanation / Justification

No entries available

### CMS-21B AL-NA

#### Supporting Documents

Children's Health Insurance Program Budget Report  
21B Narratives

State:

Submission Date:  
Certification Qtr:

| File Name | Description | Uploaded By | Uploaded Date |
|-----------|-------------|-------------|---------------|
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|           |             |             |               |
|           |             |             |               |

**Explanation / Justification**

No entries available