

**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)
Fiscal Year:			
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			
Total			
Fiscal Year:			
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)
Fiscal Year:			
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			
Total			
Fiscal Year:			
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

Explanation / Justification

No entries available