

PPL # 22-004

**Attachment A: Certification of Certified Public Expenditure Funding Source
School-Based Medi-Cal Administrative Activities (SMAA) Program
Random Moment Time Survey (RMTS)**

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) RMTS Time Survey Participant (TSP) List for participation in the SMAA program's RMTS are not fully federally funded nor is 100% of their funding used to calculate the ICR.
2. When the funding sources for any of the jobs on the attached LEA RMTS TSP List is partially federally funded or partially funded by the ICR, their costs are calculated proportionately for reimbursement.
3. The funding sources for all job classifications listed in the LEA's TSP List meet the requirements for certified public expenditures set forth in 42 Code of Federal Regulations part 433.51.
4. The Public Agency will maintain documentation supporting the allowable funding sources. This documentation must include all reports required for Medi-Cal desk reviews, site visits, and field audits.
5. The Public Agency acknowledges that all records of funding sources are subject to review and audit by DHCS.

6. The Public Agency declares that the information provided in the LEA TSP List 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 Name of Authorized LEA Fiscal Officer

Title

Signature of Authorized LEA Fiscal Officer (E-signature or blue ink)

Date