

# Health Care Authority (HCA)

## Certification of Public Expenditures (CPE)

### Local Match Certification

This form must be completed and submitted per the terms of the contract.

HCA Contractor Name:	School District	
HCA Contract#:		
Invoice Time Period:	07/01/2019-09/30/2019	

### Federal Financial Participation (FFP) @ 50% / 50% Split

<u>FFP (50%)</u>	<u>Local Match (50%)</u>	<u>Total Computable</u>

List only the non-federal funds eligible to be used as local matching funds per CFR 42.Sec 433.51.

Name of Local Match (Funding Source)	Prescribed Revenue Account Code	Amount
Local Property Tax		
	Check Point: Net Zero	

#### As the Designated Authorizing Representative:

I certify the expended amount shown on this document is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance with Certification of Public Expenditure (CPE) CFR 42.Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid (CMS).

Authorizing Representative's Signature	Date	Title
Printed Name of Authorizing Representative	Telephone Number (Including Area Code)	