Attachment C

Sedgwick County Health Department (SCHD)

for the

Sedgwick County Health Department Healthy Babies Contract 2012-2013

1st Quarter: 07/01/12 - 09/30/12

PERSONNEL			Quarterly			Year-to-Date		
Name	Title	% FTE	Medicaid Expense (1)	County Expense	Total Expense	Medicaid Expense (1)	County Expense	Total Expense
					0			0
TRAVEL	In-state				0			0
SUPPLIES	Project Supplies				0			0
					0			0
Travel								
Supplies								
Other								
TOTAL COST								

I, Lucretia Burch, do hereby certify that the amounts shown as Medicaid and County Expenses for the quarter 1 through 09/30/2012 were or will be incurred and expended by Sedgwick County for the purposes required by the Outreach & Prevention Contract #KDHE 2012-010. I further certify that the amounts shown as County Expenses were paid for using certified matching funds provided by Sedgwick County and hereby request that the Kansas Dept. of Health Environment draw down the federal funds required to reimburse Sedgwick County for the Medicaid funding participation in this Program.

Signature of the County Budget Officer

Date

For the County of: Sedgwick

Title: Finance Manager

Date:

(1) We are asking for reimbursement of the Quarterly amount expended as shown in the column marked Medicaid Expense.

Mail to: Kansas Dept. of Health & Environment
Attn: Shanelle Dupree
900 SW Jackson St., Room 900-N
Topeka, KS 66612