

Certification Statement for the Use of Certified Public Funds

Agency for Health Care Administration
Medicaid Program Finance
2727 Mahan Drive, Mail Stop 23
Tallahassee, Florida 32308-5403

ATTN: Supplemental Payment Unit

Pursuant to Code of Federal Regulations Title 42, Section 433.51, "Public funds may be considered as the State's share in claiming FFP [Federal Financial Participation] if... certified by the contributing public agency as representing expenditures eligible for FFP under this section."

Public Agency: Levy County Department of Public Safety Medicaid Number: 088051500
Address: PO Box 448
City: Bronson State: FL Zip: 32621
Period From: 07/01/2019 Period To: 06/30/2020 Fiscal Year: 2020-2021
Certified Public Expenditure Amount: \$18,494.39

I HEREBY CERTIFY under penalty of perjury that:

1. I am the official responsible for the information contained in this certification statement and I am authorized to make this certification on behalf of the Public Agency.
2. The information provided in this certification statement is true and correct and in accordance with state and federal law:
 - a. This certification is based on actual, total expenditures made by the Public Agency of public funds that meet the requirements for claiming Federal Financial Participation.
 - b. The funds from units of government are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds.
3. I understand that the making of false statements is punishable and constitutes violation of the Federal False Claims Act.

John Meeks

Name (please print)

Signature

Chairman

Title

Date

