**CHILDREN’S TRUST FUND**

**FY26 IN LIEU OF SERVICES – MEDICAID REIMBURSEMENT FOR PERINATAL HOME VISITING**

**APPLICATION CERTIFICATION FORM**

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with all Children’s Trust Fund requirements specified in the grant award and contract.

I, the undersigned, certify the use of accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges/expenses are accurate.

Printed Name and Title of Authorized Official

Signature of Authorized Official

Signature Date