

2009 Immunization Registry
REGIONAL
Funding Request and Certification

1	Number of children, ages 0-20, with immunization records indicating receipt of at least two vaccinations, in the registry as of July 1, 2008.	
2	Percent of children, ages 0-20, in your regional registry enrolled in Medical Assistance or MinnesotaCare. (Bulletin # 08-15-02, Appendix 1, Page 2)	
3	Number of children, ages 0-20, for which immunization registry funding is being requested. (Multiply # 1 by # 2)	
4	Total amount of Regional Immunization Registry budget for 2009. Include local participating counties immunization registry costs. (Should be same as Attachment A1, Line 14)	
5	Regional Immunization Registry cost per child for 2009. (Divide # 4 by # 1) Enter actual cost or \$1.45 , whichever is less	
6	Amount of Regional Immunization Registry funding being requested for 2009. (Multiply # 5 by # 3)	
7	Percentage of total Regional Immunization Registry funding being requested for 2009. (Divide # 6 by # 4).	
8	Amount of Regional Immunization Registry costs you are certifying will be funded with non-Medical Assistance funds. (Subtract # 6 from # 4)	

_____ hereby certifies that the above funds (Line 8) are allocated to the Regional Immunization Registry activities in an amount sufficient to cover the costs of the registry for non-Medical Assistance and non-MinnesotaCare population enrolled in the registry.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Telephone: () _____