

**2009 Immunization Registry
COUNTY
Funding Request and Certification**

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|---|--|--|
| 1 | Number of children, ages 0-20, with immunization records indicating receipt of at least two vaccinations, in the County Immunization Registry on July 1, 2008. | |
| 2 | Percent of children, ages 0-20, in the county enrolled in Medical Assistance or MinnesotaCare. (Bulletin # 08-15-02, Appendix 1, Page 1) | |
| 3 | Number of children, ages 0-20, for which immunization registry funding is being requested. (Multiply # 1 by # 2) | |
| 4 | Total amount of the County Immunization Registry budget for 2009. (Should be same as Attachment A2, Line 12) | |
| 5 | County Immunization Registry cost per child for 2009. (Divide # 4 by # 1) Enter actual cost or \$1.45 , whichever is less. | |
| 6 | Amount of immunization registry funding being requested for 2009. (Multiply # 5 by # 3) | |
| 7 | Percentage of total registry funding you are requesting for 2009. (Divide # 6 by # 4) | |
| 8 | Amount of County 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 County 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: () _____