COUNTY HEALTH INITIATIVES MATCHING FUND PROGRAM (CHIM)

ACTUAL AND PROJECTED MONTHLY ENROLLMENT AND EXPENDITURES (SCHIP ELIGIBLE CHILDREN)

CONTACT NAME: _____

CONTACT TELEPHONE # _____

CONTACT E-MAIL ADDRESS: _____

DATE SUBMITTED: _____

COUNTY/PROGRAM NAME: _____

ALT CONTACT NAME: _____

ALT CONTACT TELEPHONE # _____

ALT CONTACT E-MAIL ADDRESS: _____

Please provide your county contracted rates for both Infant and Child for each year.

Rates:	**Infant**	**Child**
2005-06	$0.00	$0.00
2006-07	$0.00	$0.00

	ACTUAL & PROJECTED ENROLLMENT			ACTUAL AND PROJECTED EXPENDITURES (Indicate actual expenditures in **BOLD**)							
MONTH	SCHIP ELIGIBLE INFANTS (0-1 years old)	SCHIP ELIGIBLE CHILD (1-18 years old)	TOTAL ENROLLMENT	INFANT MONTHLY BENEFIT COSTS	CHILD MONTHLY BENEFIT COST	TOTAL BENEFIT COST (INFANT & CHILD)	FAMILY CONTRIBUTIONS (Enter as a positive number)	NET BENEFITS (TOTAL BENEFITS-FAMILY CONTRIBUTIONS)	ADMINISTRATION	TOTAL EXPENDITURES	
Jul-05			-	$0	$0	$0		$0	$0	$0	
Aug-05			-	$0	$0	$0		$0	$0	$0	
Sep-05			-	$0	$0	$0		$0	$0	$0	
Oct-05			-	$0	$0	$0		$0	$0	$0	
Nov-05			-	$0	$0	$0		$0	$0	$0	
Dec-05			-	$0	$0	$0		$0	$0	$0	
Jan-06			-	$0	$0	$0		$0	$0	$0	
Feb-06			-	$0	$0	$0		$0	$0	$0	
Mar-06			-	$0	$0	$0		$0	$0	$0	
Apr-06			-	$0	$0	$0		$0	$0	$0	
May-06			-	$0	$0	$0		$0	$0	$0	
Jun-06			-	$0	$0	$0		$0	$0	$0	State Fiscal Year 2005-06
Jul-06			-	$0	$0	$0		$0	$0	$0	
Aug-06			-	$0	$0	$0		$0	$0	$0	
Sep-06			-	$0	$0	$0		$0	$0	$0	
Oct-06			-	$0	$0	$0		$0	$0	$0	
Nov-06			-	$0	$0	$0		$0	$0	$0	
Dec-06			-	$0	$0	$0		$0	$0	$0	
Jan-07			-	$0	$0	$0		$0	$0	$0	
Feb-07			-	$0	$0	$0		$0	$0	$0	
Mar-07			-	$0	$0	$0		$0	$0	$0	
Apr-07			-	$0	$0	$0		$0	$0	$0	
May-07			-	$0	$0	$0		$0	$0	$0	
Jun-07			-	$0	$0	$0		$0	$0	$0	State Fiscal Year 2006-07

County Health Initiative Matching Fund Program As of: 2/17/2006
Budget Template Form Instructions

1. Provide a contact name, phone number and e-mail address. If there is an alternate contact, please provide the contact's name, phone number and e-mail address.

2.The budget template form should be updated for two state fiscal years which include the current state fiscal year and the next state fiscal year.
(Example: Current State Fiscal Year is 2005-06, period July 1, 2005 through June 30, 2006 and the next state fiscal year is 2006-07, period July 1, 2006 through June 30, 2007.)

3) Update budget template form to include actual and projected enrollment for SCHIP eligible infants (0-1 years old) and SCHIP eligible children (1-18 years old).

4) Update budget template form to include the current contracted rates for the appropriate state fiscal year. These rates are used to calculate the benefit costs for infant's and children. (Example: Infant enrollment times the infant rate for each state fiscal year.)

5) If available, update the budget template form to include the total monthly family contributions. Enter family contributions as a positive number.

6) Enter the County Administration cost, excluding the state administrative costs.
County Administration costs are subject to Title XXI's 10% administrative limit calculated at 10% of net benefit costs.
Net benefit costs equals Total Benefit costs less family contributions.
Per CMS, 10% Administrative Limit Formula = Net Benefit costs divided by 9.