

Schedule 9 A					
Cash Fund Status for: Infant Immunization Fund 280					
C.R.S. Citation: 25-4-1705					
	Actual 05-06	Actual 06-07	Estimate 07-08	Request 08-09	Projected 09-10
Beginning Balance	\$38,066	\$832	\$844	\$856	\$868
Exempt Revenue	\$832	\$12	\$12	\$12	\$12
Non-Exempt Revenue	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$38,066	\$0	\$0	\$0	\$0
Ending Balance	\$832	\$844	\$856	\$868	\$880
Reserves Increase/Decrease	-\$37,234	\$12	\$12	\$12	\$12
Fee Levels					
	Actual 05-06	Actual 06-07	Estimate 07-08	Request 08-09	Projected 09-10
None					
Cash Fund Reserve Balance					
	Actual 05-06	Actual 06-07	Estimate 07-08	Request 08-09	Projected 09-10
Uncommitted Fee Reserve Balance (total reserve balance minus exempt assets and previously appropriated funds; calculated based on % of revenue from fees)	\$832	\$844	\$856	\$868	\$880
Target/Alternative Fee Reserve Balance (amount set in statute or 16.5% of total expenses)	\$6,281	\$0	\$0	\$0	\$0
Excess Uncommitted Fee Reserve Balance	-\$5,449	\$844	\$856	\$868	\$880
Statutory Deadline for Complying with the Target/Alternative Reserve Balance	All revenues are exempt				
Cash Fund Narrative Information					
Purpose/Background of Fund	Administrative charges for administering vaccines to infants.				
Fee Sources	None				
Non-Fee Sources	Medicaid funds for administrative charges, plus interest revenues				
Long Bill Groups Supported by Fund	Disease Control and Environmental Epidemiology - Immunization personal services, operating and indirect lines, as well as central pots lines.				

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Statutory or Other restriction on Use of Fund		Distribution of vaccinations and the establishment of a comprehensive immunization tracking system.			
Revenue Drivers		Reimbursement billings from HCPF, Interest Income			
Expenditure Drivers		Immunization of infants (vaccines), Program direct & indirect cost			
Assessment of Potential for Compliance		Excellent - Already in compliance			
Action		<input checked="" type="checkbox"/> Already in Compliance		<input type="checkbox"/> Statute Change ¹	
		<input type="checkbox"/> Planned Fee Reduction ¹		<input type="checkbox"/> Planned One-time Expenditure(s) ¹	
		<input type="checkbox"/> Planned Ongoing Expenditure(s) ¹		<input type="checkbox"/> Waiver ²	
1. If plan is needed to meet compliance deadline, attach Form 9.B. 2. If pursuing a waiver, attach Form 9.C.					
Cash Fund Expenditure Line Item Detail and Change Requests					
	Actual 05-06	Actual 06-07	Estimate 07-08	Request 08-09	Projected 09-10
DCEED					
ADMIN - INDIRECT	\$0	\$0	\$0	\$0	\$0
DCEED INDIRECT	\$0	\$0	\$0	\$0	\$0
IMMUNIZATION - P/S	\$0	\$0	\$0	\$0	\$0
IMMUNIZATION - O/E	\$38,066	\$0	\$0	\$0	\$0
TRANSFER TO GF	\$0	\$0	\$0	\$0	\$0
GRAND TOTAL	\$38,066	\$0	\$0	\$0	\$0
Assumptions: Request & Projection Years:					
The Fund Balance will be nearly eliminated at the beginning of FY 2003-04. \$240,000 was transferred to the General Fund on 7/1/03. Anticipated revenues - Interest earning. No current anticipated expenditures.					