TEXAS Department of State Health Services

FY2010
Public Health Emergency Preparedness
Discretionary Projects

Legal Name of Applicant Agency: Collin County

Amount of Discretionary Project Request: $ 4,090.00

ASSURANCES

The facts affirmed by me in this application are truthful. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements is a condition precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.

Signature of Authorized Representative	
Typed Name of Authorized Representative	Mr. Keith Self
Title of Authorized Representative	County Judge
Date of Submission	
Authorized Representative Telephone Number	(972) 548-4623
Authorized Representative E-mail Address	keith.self@co.collin.tx.us