



**FY2010**  
**Public Health Emergency Preparedness**  
**Discretionary Projects**

**Legal Name of Applicant Agency:** \_\_\_\_\_ Collin County

**Amount of Discretionary Project Request:** \$ \_\_\_\_\_ 75,000.00

**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**  
**Title of Authorized Representative**  
**Date of Submission**  
**Authorized Representative Telephone Number**  
**Authorized Representative E-mail Address**

\_\_\_\_\_  
Mr. Keith Self  
\_\_\_\_\_  
County Judge  
\_\_\_\_\_  
(972) 548-4623  
\_\_\_\_\_  
keith.self@co.collin.tx.us  
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