



**FY2010
Public Health Emergency Response
Focus Area 1, Phase 3
Applicant Information**

Legal Name of Applicant Agency: Collin County Homeland Security

Mailing Address:
Street / PO Box: 4300 Community Avenue
City McKinney, TX
Zip 75071

Payee Name: Collin County Homeland Security

Payee Mailing Address:
Street / PO Box: 4300 Community Avenue
City McKinney, TX
Zip 75071

State of Texas Comptroller Vendor ID No (14 digit): 17560008736

Type of Entity (Choose one)
City
County
Other Political Subdivision

Project Period
Start 9/15/2009
End 7/31/2010

Counties Served
County 1 Collin County
County 2 _____
County 3 _____
County 4 _____
County 5 _____
County 6 _____
County 7 _____

Amount of Funding Requested: \$1,166,545
Sum from Budget Summary + DSHS Medical Staffing Set Aside. \$ 1,558,481.00

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 Judge Keith Self
Title of Authorized Representative County Judge
Date of Submission 24-Sep-09
Authorized Representative Telephone Number (972) 548-4623
Authorized Representative E-mail Address keith.self@co.collin.tx.us