



**FY2013
PHEP Funding**

Applicant Information

Legal Name of Applicant Agency/Contract #: Collin County
Mailing Address:

Street / PO Box: 4300 Community Ave
 City: McKinney
 Zip: 75071

Payee Name: Collin County

Payee Mailing Address:
 Street / PO Box: 4300 Community Ave
 City: McKinney
 Zip: 75071

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

Type of Entity (Choose one)

City Click on appropriate box
 County
 Other Political Subdivision

Project Period
 Start: 9/1/2012
 End: 8/31/2013

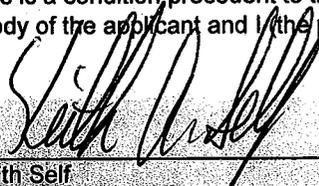
Counties Served

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

Amount of Funding Requested: \$ 627,515.00

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 Keith Self
Title of Authorized Representative Collin County Judge
Date of Submission 8/7/12
Authorized Representative Telephone Number (972) 548-4623
Authorized Representative E-mail Address _____