



**FY2013
Cities Readiness Initiative**

Applicant Information

Legal Name of Applicant Agency/Contract #: Collin County - CRI
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

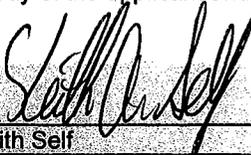
Counties Served

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

Amount of Funding Requested: \$ 160,818.00

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: 8/7/13
Authorized Representative Telephone Number: (972) 548-4623
Authorized Representative E-mail Address: keith.self@collincountytx.gov