

**DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
Additional Authorized Signature Designation**

Contractor's Name & Mailing Address:

Date: 8/21/12

COLLIN COUNTY AUDITOR'S OFFICE
2300 BLOOMDALE RD SUITE 3100
MCKINNEY TX 75071

Program Name & Contract Number:

TITLE IVE CHILD WELFARE # 23939923

Designation of Contract Signatories

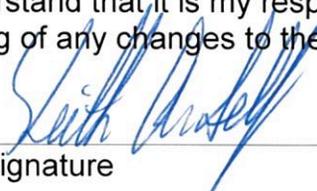
The agency's contract signatory, as referenced on the Signature Authority Designation (form 2031), for the above listed program contract has authorized the following person(s) listed below to approve and sign on the contract functions as indicated. Please note that *both* the printed name and signature is required for each authorized individual.

Printed Name	Title	Function	Signature
<u>None</u>			
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature

Certification of Designation

I certify that the person(s) indicated above are designated as "Authorized Official(s)" for the purpose stated and that the signatures are valid. I further understand that it is my responsibility to immediately notify the Division of Regional CPS Contracts in writing of any changes to the above list.

KEITH SELF COUNTY JUDGE
Printed or Typed Name & Title of Contract Signatory


Signature