Organization: Collin County Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

Organization Name Address	Collin County 2300 Bloomdale Rd, Suite	e 3100				
City	McKinney	State	Texas	Zip Code (9 digi	t)	75071
Payee Name	Collin County					
Address	Auditors Office 2300 Bloondale Rd #3100)				
City	McKinney	State	ТХ	Zip Code (9 digi	t)	75071-8517
Vendor identification No.	17560008736			MailCode	026	
Payee DUNS No.	074873449					

1. Did your organization have a gross income, from all sources, of more than \$300,000 in your previous tax year?

- ✓ Yes No
- 2. Certification Regarding % of Annual Gross from Federal Awards. Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?

Yes 🗸 No

3. Certification Regarding Amount of Annual Gross from Federal Awards. Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?

Yes 🖌 No

4. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes No

If Yes, where can this information be found?

If No, you must provide the names and total compensation of the top five highly compensated officers. Example: John Blum:500000;Mary Redd:50000;Eric Gant:400000;Todd Platt:300000;Sally Tom:300000 Organization: Collin County

Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

Identify contact persons for FFATA Correspondence.

FFATA Contact Person #1	
Name	Jeffy May
Email	jmay@co.collin.tx.us
Telephone	(972) 548-4641

FFATA Contact Person #2
Name
Email
Telephone

Janna Benson-Caponera			
jbenson-caponera@co.collin.tx.us			
(972) 548-4638			

As the authorized representative of the Organization, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

E-Signature

Date