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MailCode

## Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

Organization Name Collin County

Address 2300 Bloomdale Rd, Suite 3100

City McKinney State Texas Zip Code (9 digit) 75071

Payee Name Collin County
Address Auditors Office

2300 Bloondale Rd #3100

17560008736

City McKinney State TX Zip Code (9 digit)

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

Vendor identification 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

## Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

Identify contact persons for FFATA Correspondence.

FFATA Contact Person #1

Name Jeff May

Email jmay@co.collin.tx.us

Telephone (972) 548-4641

FFATA Contact Person #2

Name Janna Benson-Caponera

Email jbenson-caponera@co.collin.tx.us

Telephone (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