Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.

Legal Name of Contractor: Collin County	FFATA Contact # 1 Name, Email and Phone Number: Jeff May jmay@co.collin.tx.us (972) 548-4641			
Primary Address of Contractor:	FFATA Contact #2 Name, Email and Phone Number:			
2300 Bloomdale Rd McKinney, TX 75071-8517	Janna Benson-Caponera Jbenson-caponera@co.collin.tx.us (972) 548-4638			
ZIP Code: 9-digits Required www.usps.com	DUNS Number: 9-digits Required www.sam.gov			
75071-8517 -	074873449			
State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits 175/600/08736				

Printed Name of Authorized Representative	Signature of Authorized Representative
Keith Self	Docusigned by: Euith Suf A233AC22B813480
Title of Authorized Representative	Date
County Judge	4/11/2017 8:49:16 AM CDT

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge. Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? | Yes If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification. If your answer is "No", answer questions "A" and "B". A. 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 X No B. 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 X No If your answer is "Yes" to both question "A" and "B", you must answer question "C". If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification. C. 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 If your answer is "Yes" to this question, where can this information be accessed? If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below. **Provide compensation information here:**

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S OF		
* PRINTED NAME Prefix: * Last Name: Se * Title: County		Middle Name: Suffix:
* SIGNATURE:	Docusigned by: kuth Suf	*DATE: 4/18/2017 2:57:30 PM CDT



Certificate Of Completion

Status: Completed Envelope Id: 91B77782CCAF4C4CA7C0A12D73444305

Subject: \$545,327.00; DSHS Contract No. 537-18-0128-00001; COLLIN COUNTY; RLHS CPS HAZARDS

Source Envelope:

Document Pages: 48 Signatures: 5 Envelope Originator: Initials: 0 Rosalyn Lazare-Payne Supplemental Document Pages: 0

Certificate Pages: 3

Payments: 0 1860 Michael Faraday Dr AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US &

3/7/2017 | 9:40:53 AM

Canada)

Reston, VA 20190

rosalyn.lazare-payne@hhsc.state.tx.us

IP Address: 167.137.1.13

Record Tracking

Status: Original Holder: Rosalyn Lazare-Payne Location: DocuSign

rosalyn.lazare-payne@hhsc.state.tx.us

3/1/2017 9.40.53 AM	TosalyII.lazare-payre@iilisc.state.tx.us	
Signer Events	Signature	Timestamp
Ayeola Williams ayeola.williams@hhsc.state.tx.us	Completed	Sent: 3/7/2017 12:16:47 PM Viewed: 3/21/2017 3:19:33 PM
Staff Attorney, System Contracting HHSC	Using IP Address: 160.42.85.9	Signed: 3/21/2017 3:43:52 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:		
Patty Melchior	Completed	Sent: 3/21/2017 3:43:55 PM
Patty.Melchior@dshs.state.tx.us	•	Viewed: 3/21/2017 4:13:06 PM
Resource Director	Using IP Address: 160.42.85.9	Signed: 3/21/2017 4:15:17 PM
Department State Health Services	Using IF Address. 100.42.03.9	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:		
Keith Self	DocuSigned by:	Sent: 3/21/2017 4:15:19 PM
keith.self@co.collin.tx.us	keith Self	Resent: 3/30/2017 12:33:09 PM
County Judge	A233AC22B813480	Viewed: 4/11/2017 8:46:12 AM
Collin County	Using IP Address: 65.68.53.249	Signed: 4/11/2017 8:49:16 AM
Security Level: Email, Account Authentication (None)	Using II Address. 00.00.00.240	
Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:		
Keith Self	DocuSigned by:	Sent: 4/18/2017 10:47:59 AM
keith.self@co.collin.tx.us	keith Self	Viewed: 4/18/2017 2:57:09 PM
County Judge	A233AC22B813480	Signed: 4/18/2017 2:57:30 PM
Collin County	Using IP Address: 65.68.53.249	
Security Level: Email, Account Authentication (None)	Using IF Address. 00.00.00.248	
Electronic Record and Signature Disclosure:		

Not Offered via DocuSign

ID:

Signer Events **Signature Timestamp** Sent: 4/11/2017 | 8:49:19 AM Bernie Rodriguez Completed Resent: 4/18/2017 | 2:57:35 PM bernie.rodriguez@hhsc.state.tx.us Procurement Manager Viewed: 4/20/2017 | 4:53:14 PM Using IP Address: 173.174.58.201 Signed: 5/3/2017 | 9:46:03 PM Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign Sent: 5/3/2017 | 9:46:07 PM David Gruber will pell in david.gruber@dshs.texas.gov Viewed: 5/8/2017 | 11:11:48 AM Signed: 5/8/2017 | 11:11:55 AM Associate Commissioner for RLHS Texas Health and Human Services Commission Using IP Address: 160.42.85.9 Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign **Timestamp** In Person Signer Events **Signature Status Timestamp Editor Delivery Events Status Timestamp Agent Delivery Events Timestamp Intermediary Delivery Events Status Timestamp Certified Delivery Events Status Carbon Copy Events Timestamp Status** Sent: 3/7/2017 | 12:16:47 PM Jason Adams **COPIED** Viewed: 4/24/2017 | 10:46:18 AM jason.adams@dshs.state.tx.us Contract Manager Texas Health and Human Services Commission Security Level: Email, Account Authentication Electronic Record and Signature Disclosure: Not Offered via DocuSign ID: Sent: 3/7/2017 | 12:16:48 PM Justin Davis **COPIED** justin.davis@dshs.state.tx.us Department of State Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign Sent: 3/7/2017 | 12:16:47 PM Amy Greene COPIED amy.greene@hhsc.state.tx.us Contract Specialist V Texas Health and Human Services Commission Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Status Timestamp Carbon Copy Events Sent: 3/21/2017 | 3:43:55 PM Susana Garcia COPIED susana.garcia@dshs.state.tx.us **Unit Director** Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign Eileen Prentice Sent: 3/30/2017 | 12:33:08 PM **COPIED** Viewed: 4/18/2017 | 1:25:34 PM eprentice@co.collin.tx.us Security Level: Email, Account Authentication Electronic Record and Signature Disclosure: Not Offered via DocuSign Nicole Gillespie Sent: 3/21/2017 | 4:15:19 PM **COPIED** Viewed: 3/22/2017 | 9:50:12 AM ngillespie@co.collin.tx.us Security Level: Email, Account Authentication Electronic Record and Signature Disclosure: Not Offered via DocuSign ID: DSHS CMU Inbox Sent: 5/8/2017 | 11:12:00 AM **COPIED** CMUContracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure:

Notary Events		Timestamp	
Envelope Summary Events	Status	Timestamps	
Envelope Sent	Hashed/Encrypted	5/8/2017 11:12:00 AM	
Certified Delivered	Security Checked	5/8/2017 11:12:00 AM	
Signing Complete	Security Checked	5/8/2017 11:12:00 AM	
Completed	Security Checked	5/8/2017 11:12:00 AM	
Payment Events	Status	Timestamps	

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ID: