CERTIFICATE

Agency Name: **Texas Health and Human Services Commission**

This is to certify that the information contained in the agency Legislative Appropriations Request filed with the Legislative Budget Board (LBB) and the Governor's Office of Budget, Planning and Policy (GOBPP) is accurate to the best of my knowledge and that the electronic submission to the LBB via the Automated Budget and Evaluation System of Texas (ABEST) and the bound paper copies are identical.

Additionally, should it become likely at any time that unexpended balances will accrue for any account, the LBB and the GOBPP will be notified in writing in accordance with Article IX, Section 7.01 (2010–11 GAA).

Chief Executive Office or Presiding Judge

Thomas M Suehs
Signature

Thomas M. Suehs
Printed Name

Executive Commissioner
Title

8-20-10
Date

Board or Commission Chair

Not Applicable
Signature

Printed Name

Title

Date

Chief Financial Officer

Tracy Henderson
Signature

Tracy L. Henderson
Printed Name

Chief Financial Officer
Title

20-Aug-10
Date