

CONTRACT MANAGER'S CERTIFICATION

This form is to be used as a supplement to Form 4734, Federal Funding Accountability and Transparency (FFATA) Certification. A separate form should be completed and submitted with Form 4734 for each funding stream a grantee receives. Please select the submission type in regards to the Award No./FAIN.

| SUBMISSION TYPE | |
|--------------------------------------|--|
| <input checked="" type="checkbox"/> | Annual |
| <input type="checkbox"/> | Subsequent |
| CONTRACT MANAGER INFORMATION | |
| Name | Jessica Delgado |
| Division | Purchased Client Services (CPS) |
| Region | Region 3 |
| Phone | 469-669-1035 |
| Email | jessica.delgado@dfps.texas.gov |
| Date | 7/3/2024 |
| CONTRACT INFORMATION | |
| Agency Account ID Number | 24736954 |
| Contract Number | HHS000285100013 |
| Fiscal Year | 2024 |
| Federal Funding Agency | US Department of Health & Human Services |
| Assistance Listing No. (CFDA) | 93.658 |
| Award No./FAIN | 1901TXFOST |
| Contract Start Date | 10/1/2018 |
| Contract End Date | 9/30/2025 |
| FY Contract Amount | \$294,598.83 |
| SCOR Purpose | DFPS Title IV-E (Legal) |