

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)