CERTIFICATE

Agency Name Texas Department of State Health Services

This is to certify that the information contained in the agency Legislative Appropriation Request filed with the Legislative Budget Board (LBB) and the Office of the Governor, Budget Division, 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 PDF file submitted via the LBB Document Submission application are identical.

Additionally, should it become likely at any time that unexpended balances will accrue for any account, the LBB and the Governor's Office will be notified in writing in accordance with Article IX, Section 7.01 (2016–17 GAA).

Chief Executive Office or Presiding Judge

Signature

John Hellerstedt, M.D.
Printed Name

Commissioner
Title

September 13, 2016
Date

Board or Commission Chair

Signature

Printed Name

Title

Date

Chief Financial Officer

Signature

Donna Sheppard
Printed Name

Interim Chief Financial Officer
Title

September 13, 2016
Date