

## CERTIFICATE

**Agency Name** Texas Department of Aging and Disability Services

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**

  
Signature

Chris Traylor  
Printed Name

Commissioner  
Title

August 9, 2010  
Date

**Board or Commission Chair**

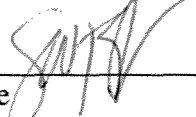
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Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Chief Financial Officer**

  
Signature

Gordon Taylor  
Printed Name

Chief Financial Officer  
Title

August 9, 2010  
Date