



CERTIFICATE

Agency Name: 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 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 GOBPP will be notified in writing in accordance with Article IX, Section 7.01 (2012-13 GAA).

Chief Executive Office or Presiding Judge



Signature

Chris Traylor
Printed Name

Commissioner
Title

August 9, 2012
Date

Board or Commission Chair

Signature

Printed Name

Title

Date

Chief Financial Officer



Signature

Gordon Taylor
Printed Name

Chief Financial Officer
Title

August 9, 2012
Date