C E R T I F I C A T E

Agency Name _____

This is to certify that the information contained in the agency Legislative Appropriations Request filed with the Legislative Budget Board (LBB) and the Office of the Governor, Budget and Policy 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 Office of the Governor will be notified in writing in accordance with House Bill 1, Article IX, Section 7.01, Eighty-eighth Legislature, Regular Session, 2023.

Chief Executive Office or Presiding Judge

_____
Signature

_____
Printed Name

_____
Title

_____
Date

Board or Commission Chair

_____
Signature

_____
Printed Name

_____
Title

_____
Date

Chief Financial Officer

_____
Signature

_____
Printed Name

_____
Title

_____
Date