

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING**

Certificate Number:  
2016-117933

Date Filed:  
09/29/2016

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Fort Bend Regional Council on Substance Abuse, Inc.  
Stafford , TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

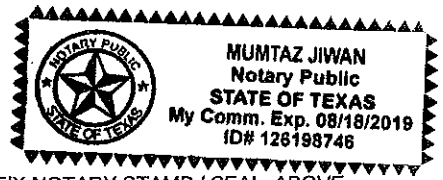
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

G635-17FBR  
1115 Waiver SBIRT behavioral health intervention project

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Fort Bend County	Richmond , TX United States	X	
Fort Bend Regional Council on Substance Abuse, Inc.	Stafford, TX United States		X

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Ausa Deymer*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Osborne Poyer, this the 30 day of September, 2016, to certify which, witness my hand and seal of office.

*Mumtaz Jiwani* MUMTAZ JIWAN Personal Banker  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath