

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:
 2016-110464

Date Filed:
 09/12/2016

Date Acknowledged:

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

Rosenberg-Richmond Helping Hands, Inc.
 Richmond, 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.

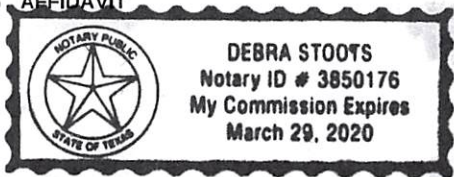
G645
 G645 -FBCCIS - Rosenberg-Richmond Helping Hands, Inc. -FBCCIS Partner Contribution Sept 1 2016

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | | Controlling | Intermediary |
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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.



Deane Clark

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Director, this the 12th day of September 2016, to certify which, witness my hand and seal of office.

Debra Stoots

Signature of officer administering oath

DEBRA STOOTS

Printed name of officer administering oath

Treasurer

Title of officer administering oath

DEBRA STOUTS
Notary ID # 3850176
My Commission Expires
March 29, 2020



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OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 East Fort Bend Human Needs Ministry, Inc.
 Stafford, TX United States

Certificate Number:
 2016-120815

Date Filed:
 10/06/2016

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

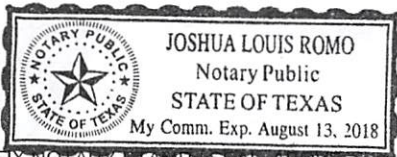
Date Acknowledged:

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.
 G645-FBCCIS
 East Fort Bend Human Needs Ministry, Inc. - FBCCIS Partner Contribution September 1, 2016

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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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.



Brittini Bucciari

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Brittini Bucciari, this the 12th day of October, 2016, to certify which, witness my hand and seal of office.

Joshua Romo

Signature of officer administering oath

Joshua Romo

Printed name of officer administering oath

Banker

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

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1 of 1

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2016-114277

Date Filed:
09/20/2016

Date Acknowledged:

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

Second Mile Mission Center
Missouri City, 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.

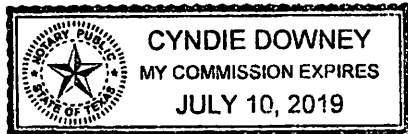
G645-FBCCIS-Second Mile-
FBCCIS Partner Contribution September 1, 2016

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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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.



[Handwritten Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie Irene Smith, this the 21st day of September, 2016, to certify which, witness my hand and seal of office.

Cyndie Downey

Signature of officer administering oath

Cyndie Downey

Printed name of officer administering oath

Notary Public

Title of officer administering oath

JUL 13 2016
CANDIE CONWAY
MONTGOMERY COUNTY

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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OFFICE USE ONLY CERTIFICATION OF FILING

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

Fort Bend Seniors Meals on Wheels
Rosenberg, TX United States

Certificate Number:
2016-119646

Date Filed:
10/04/2016

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

Date Acknowledged:

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.

G645-FBCCIS
Fort Bend Seniors Meals on Wheels - FBCCIS Partner Contribution September 1, 2016

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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6 AFFIDAVIT



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

Manuela Arroyos
Signature of authorized agent of contracting business entity

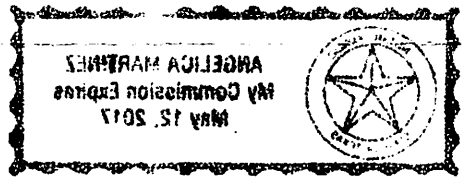
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Manuela H. Arroyos, this the 04 day of October, 2016, to certify which, witness my hand and seal of office.

Angelica Martinez
Signature of officer administering oath

ANGELICA MARTINEZ
Printed name of officer administering oath

EX-ASSISTANT
Title of officer administering oath



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1 of 1

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OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Katy Christian Ministries
Katy, TX United States

Certificate Number:
2016-114506

Date Filed:
09/21/2016

Date Acknowledged:

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.

G645-FBCCIS
Katy Christian Ministries - FBCCIS Partner Contribution September 1, 2016

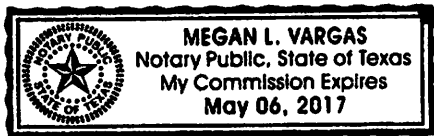
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

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



Dorji Lopez
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Megan L. Vargas, this the 21 day of September, 2016, to certify which, witness my hand and seal of office.

Megan L. Vargas Megan L. Vargas Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath