

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

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

Mental Health America of Fort Bend County
Stafford, TX United States

Certificate Number:
2016-125925

Date Filed:
10/19/2016

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.

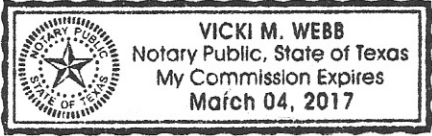
FY17 MHA-Ft Bend Renewal Agree
Mental Health awareness and programming for general population

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

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.



D. delal

Signature of authorized agent of contracting business entity

Debbie de la Riva

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Debbie de la Riva*, this the *28* day of *October*, 20*16*, to certify which, witness my hand and seal of office.

Vicki Webb
Signature of officer administering oath

Vicki Webb
Printed name of officer administering oath

Notary Public, State of Texas
Title of officer administering oath