

# 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.

Fort Bend Seniors Meals on Wheels  
Rosenberg, TX United States

Certificate Number:  
2016-129833

Date Filed:  
10/27/2016

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.

15-737

Through its Meals on Wheels program, FBS is committed to showing our seniors that they are appreciated and valued by providing a range of meal programs and other services.

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.

*Manuela H. Arroyo*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Manuela H. Arroyo, this the 27<sup>th</sup> 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