

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.
 GW Milken Institute School of Public Health
 Washington, DC United States

Certificate Number:
 2017-181096

Date Filed:
 03/21/2017

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 Health and Human Services

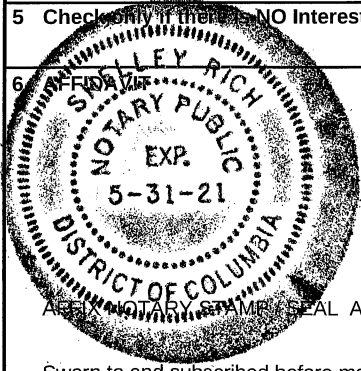
Date Acknowledged:

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.
 635100-GWU
 Ft. Bend County will provide field experience for GW SPH Online students for the practicums

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Martyn, Jo Ann	Washington, DC United States		X
	Maltzman, Forrest	Washington, DC United States	X	

5 Check only if there is NO Interested Party.

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



SHELLEY RICH
 NOTARY PUBLIC DISTRICT OF COLUMBIA
 My Commission Expires May 31, 2021

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

Sworn to and subscribed before me, by the said Forrest Maltzman, this the 26 day of April, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]
 Signature of officer administering oath

Shelley L Rich
 Printed name of officer administering oath

Notary
 Title of officer administering oath