Fort Bend County Social Services Payment Record

Date	Name	M	onetary Amount	Fund
10/22/2018	Rosenberg-Richmond Helping Hands	\$	1,211.40	FBCCIS Annual Participation Fee
10/29/2018	East Ft. Bend Human Needs Ministry	\$	1,211.40	FBCCIS Annual Participation Fee
10/29/2018	Second Mile Mission Center	\$	1,211.40	FBCCIS Annual Participation Fee
	Access Health	\$	2,500.00	FBCCIS Annual Participation Fee
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2-1-7-7		\top		10.

Grand Total: \$ 6,134.20

FORM **1295**

	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.			Certificate Number: 2018-420955		
	Rosenberg-Richmond Helping Hands, Inc.					
	Richmond, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/31/2018			
	being filed.					
	Fort Bend County			Date Acknowledged:		
			11/0	6/2018		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or identif led under the contract.	y the co	ontract, and prov	ride a	
	R645 FBCCIS					
	Rosenberg-Richmond Helping Hands - Participation Agreeme	nt 2018				
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busing	12201	(check ap		
	Name of micrested Faity	City, State, Country (place of busin	icssj	Controlling	Intermediary	
			-	Controlling	Intermediary	
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L	NAME OF TAXABLE PARTY O			ļ		
				<u> </u>		
5	Check only if there is NO Interested Party.		•			
6	UNSWORN DECLARATION					
	M. manna in		: <u>L</u> :_4L :			
	My name is	, and my date of	i birth is	'	·	
	My address is(street)	(city) (:		(zip code)	,	
	(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y State of	_	day of	20	
	County County	, State of, on the		(month)	, ∠∪ (year)	
				(monut)	(J = ui /	
			•			
		Signature of authorized agent of cor (Declarant)	ntracting	g business entity		

FORM **1295**

	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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2018-418556			
	East Fort Bend Human Needs Ministry, Inc.			3 -110000			
	Stafford, TX United States			Filed:	I		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/2	10/24/2018			
	being filed.			Date Acknowledged:			
	Fort Bend County)6/2018	:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		y the c	ontract, and prov	ride a		
	G645-FBCCIS						
	East Fort Bend Human Needs Ministry, Inc FBCCIS Partner	r Contribution 2018			· · · · · · · · · · · · · · · · · · ·		
4	· · · · · · · · · · · · · · · · · · ·	and the control of head		Nature of			
	Name of Interested Party	City, State, Country (place of busi	ness	(check ap	Intermediary		
				Controlling	Intermedial y		
				-			
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	f birth is	s	·		
	My address is		1		,		
	(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, on the	:		, 20		
				(month)	(year)		
		Signature of authorized agent of cor	ntractin	g business entity			
		(Declarant)					

FORM 1295

	Market Programmer					_
	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 USI		-
1	Name of business entity filing form, and the city, state and country of business.	-	Certificate Number: 2018-419473			
	Second Mile Mission Center					
	Missouri City, TX United States			ate Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the for	rm is	0/26/2018		
	Fort Bend County			ate Acknowledged: 1/06/2018	:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		or identify the	e contract, and pro	vide a	-
	R645-FBCCIS Second Mile Mission Center - Partner Contribution October 20)18				
4			_		of interest	
•	Name of Interested Party	City, State, Country (plac	e of business	· — · · · · ·	pplicable)	_
				Controlling	Intermediary	<u>′</u>
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	Check only if there is NO Interested Party.					_
6	UNSWORN DECLARATION					
	My name is	, and	my date of birt	h is	·	
	•		·			
	My address is			_,	<u> </u>	
	(street)	(city)	(state)) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.	ī.				
	Executed inCounty,	, State of	_, on the	day of	_, 20	
		,		(month)		
		Signature of authorized ag (Deck	gent of contract larant)	ting business entity		

FORM **1295**

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	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	me of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
	of business. Fort Bend Family Health Center dba AccessHealth			2018-419323		
	Richmond, TX United States		The state of the s	Date Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which th	he form is	10/26/2018		
	being filed. Fort Bend County	ounty				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to t ded under the contract	rack or identify t	the contract, and pro	vide a	
	R645-FBCCIS					
	AccessHealth - Partner Contribution October 2018					
_		1	<u>-</u>	Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busin		·	pplicable)	
				Controlling	Intermediary	
_						
	-					
			·		<u> </u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	irth is	,	
	My address is			,	_,	
	(street)	(city)	(sta	te) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of	, on the _	day of	, 20	
				(month)	(year)	
			ed agent of contr	acting business entity		