Fort Bend County Social Services Payment Record

Name	Mone	tary Amount	Fund
Katy Christian Ministries	\$		
Fort Bend Seniors Meals on Wheels	\$		FBCCIS Annual Participation Fee
E.			
	+	100 100 100	
		192 . I	2 8.2
		RIT DE IX II	A A A A A A A A A A A A A A A A A A A
		2 4 91 m	1 10 1
	Name Katy Christian Ministries Fort Bend Seniors Meals on Wheels	Katy Christian Ministries \$	Katy Christian Ministries \$ 1,211.40

Grand Total: \$

2,422.80

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 cour of business.	Certificate Number:					
	Katy Christian Ministries		4	2018-424362			
	Katy, TX United States			Date Filed:			
2	being filed.	he contract for which the	form is	11/09/2018			
	Fort Bend County			Date Acknowledged:			
				12/06/2018			
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided to the services.	tity or state agency to tra- ided under the contract.	ick or identify t	he contract, and pro	ovide a		
	R645-FBCCIS						
	Katy Christian Ministries-Partner Contribution October 2018						
_		Ī		Nature (of interest		
4	Name of Interested Party	City, State, Country (pl	lace of busines	· ·	pplicable)		
				Controlling	Intermediary		
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				'			
_							
		 					
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				!			
	1						
5	Check only if there is NO Interested Party.						
	X						
	UNSWORN DECLARATION						
Γ	My name is	, and	d my date of birt	th is	·		
N	Wu addrace ic						
,	My address is(street)	(city)	(state	e) (zip code)	/ocuntry)		
	()	(Oity)	(state)) (zip code)	(country)		
I	declare under penalty of perjury that the foregoing is true and correct	t.					
8	Executed inCounty	v. State of	on the	day of	20		
	,	, 0.0.0 0.	, 011 410	day of (month)	, 20 (year)		
				, .	V · ,		
	Signature of authorized agent of contracting business entity						
		(Declarant)					

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						
1	· ·	CERTIFICATION OF FILING						
-	of husiness				Certificate Number: 2018-429219			
	Fort Bend Senior Meals on Wheels				20210			
_	Rosenberg, TX United States			Date Fil				
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which	the form is	11/29/2	2018			
	Fort Bend County			Date Acknowledged:				
				12/06/2018				
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.							
	R645-FBCCIS							
	Fort Bend Seniors Meals on Wheels â Partner Contribution C	October 2018						
_		1			Nature of	interest		
4	Name of Interested Party	City, State, Country (place of business)						
					Controlling	Intermediary		
	· · · · · · · · · · · · · · · · · · ·							
				$-\!$				
		·						
•	Check only if there is NO Interested Party.							
_	UNSWORN DECLARATION							
, ,	JNSWORN DECLARATION							
My name is, and my date of birth is _								
ľ	My address is	1		,	,			
	(street)	(city)	(stat	e)	(zip code)	(country)		
ı	declare under penalty of perjury that the foregoing is true and correct.	i.						
6	Executed inCounty,	State of	on the	ala	_£	00		
	County,	, State or	, on the	aay c	(month)	_, 20 (year)		
					(month)	(3 cai)		
		Signature of authoriz	ed agent of contra	ctina hus	siness entity			
	Signature of authorized agent of contracting business entity (Declarant)							