



June 25, 2019

Rene Vasquez  
Director  
Fort Bend County Animal Services  
1210 Blume Road  
Rosenberg, TX 77471

Dear Rene,

As the official non-profit 501(c)(3) organization supporting Fort Bend County Services, Fort Bend PAWS (Pets Are Worth Saving) mission is to raise funds to provide for FBCAS those items and services not currently covered under the County budget. Therefore, on behalf of the Board of Directors of Fort Bend PAWS, I am pleased to enclose a check in the amount of \$15,000.00 (fifteen thousand dollars) to Fort Bend County Animal Services (FBCAS). These funds were raised through a campaign where the first \$7500 in contributions through Facebook were matched by Fort Bend PAWS.

Once the funds are deposited in the appropriate account with the County and FBCAS has access to those funds, the Board respectfully requests that the funds be used to offset costs associated with spaying and neutering shelter pets and other medical costs incurred while FBCAS looks to hire a staff veterinarian.

All of us at Fort Bend PAWS are so proud of the good work and lifesaving efforts at FBCAS and look forward to continuing the successful partnership between our organizations.

Please feel free to contact me if you have any questions.

Best regards,

Vincent Morales  
President  
Fort Bend PAWS (Pets Are Worth Saving)

cc: Mandi Bronsell, Treasurer  
Barbara Vass, Secretary  
Pat Hebert  
Elaine Dietz

# 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 PAWS  
 Rosenberg, TX United States

Certificate Number:  
 2019-506891

Date Filed:  
 06/19/2019

**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:  
 06/25/2019

**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.**

Fort Bend PAWS June 2019  
 Medical Fund Donation

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 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)