

## ACH Payment Contact for Maddie's Fund Grant

Irene Chansawang <irene@maddiesfund.org>

Fri 5/22/2020 5:13 PM

To: countyjudge@fortbendcountytx.gov <countyjudge@fortbendcountytx.gov>; Vass, Barbara <Barbara.Vass@fortbendcountytx.gov>

Dear Honorable KP George and Ms. Barbara Vass,

Congratulations on the approved Pet Foster Care Stimulus Grant of \$2,500!

In the past, the ACH payment contact was set up in Bill.com (our third party, secure vendor) as Ed Sturdivant, County Auditor. Is he still with your agency, and if so, would still be the most appropriate person to receive payment notifications?

If not, we're happy to update the record to reflect Maria Segura as the ACH payment contact, as indicated in the application. Please advise.

Thanks for all you do for animals, and happy Memorial Day weekend!

Sincerely,  
Irene

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**Irene Chansawang**

**Grants Specialist**

O: 925.621.8020

### **Want to increase lifesaving?**

Connect with us at [Maddie's Pet Forum](#), use [Maddie's Shelter Compass](#) tool to increase lifesaving success and take advantage of free online training with [Maddie's University](#)!

# 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.**  
 Maddie's Fund  
 Pleasanton, CA United States

**Certificate Number:**  
 2020-623754

**Date Filed:**  
 05/26/2020

**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 Animal Services

**Date Acknowledged:**  
 06/23/2020

**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.**

19  
 To formalize their foster program with education, marketing, veterinary care and training.

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)