

THE BLACK COWBOY MUSEUM1104 3RD STREET

ROSENBERG, TX 77471 PH: 281-787-3308

E-mail: clicallies@gmail.comWebsite: www.blackcowboymuseum.org

LARRY CALLIES, FOUNDER/CEO

"501 C 3 NON-PROFIT ORGANIZATION"

(#82-1668588)

Greetings Fort Bend County Commissioners,

The Black Cowboy Museum, located in Rosenberg, Texas, has an amazing collection of stories and memorabilia dedicated to the history of the Black Cowboy in Texas History and today.

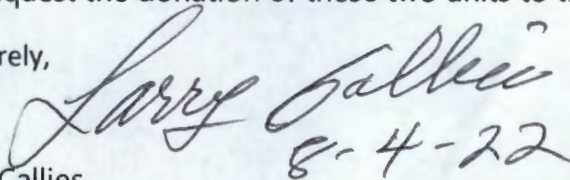
We have partnered with the Fort Bend County Sheriff's Office, YOU ARE NOT ALONE PROGRAM, to work to archive the aging Cowboys in Fort Bend County.

Our goal is to preserve their stories and utilize the Fort Bend County Sheriff's Offices, the two Tensator Virtual Assistant units, to bring this innovative teaching tool to life for the present and future.

The Units consist of two carrying cases, two-person shape cut outs, two projectors, two display frames, thumb drives with software and video collection, and all power plugs.

We request the donation of these two units to the Black Cowboy Museum.

Sincerely,

Handwritten signature of Larry Callies in cursive, with the date 8-4-22 written below it.

Larry Callies,
Executive Director of The Black Cowboy Museum
1104 3rd St, Rosenberg, TX 77471
281-787-3308

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.

The Black Cowboy Museum
Rosenberg, TX United States

Certificate Number:
2022-933844

Date Filed:
09/14/2022

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:
09/14/2022

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.

26596
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)