



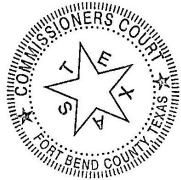
IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

**GRANTEE: FORT BEND COUNTY**

KP George  
KP George, County Judge

December 4, 2025  
Date

ATTEST:  
Laura Richard  
Laura Richard, County Clerk



**SUBRECIPIENT: LITERACY COUNCIL OF FORT BEND COUNTY**

By Dedre M. Smith

11/18/25  
Date

Dedre M. Smith, Executive Director  
Printed Name, Title

ATTEST:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name, Title

# 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.**  
 Literacy Volunteers of fort Bend County DbA Literacy Council of Fort Bend County  
 Sugar Land, TX United States

**Certificate Number:**  
 2025-1390750

**Date Filed:**  
 11/18/2025

**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:**  
 12/04/2025

**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.**  
 24-ComDev-101055-A1  
 CDBG Program FY24

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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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)