

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. North Texas Area Community Health Centers Inc. Fort Worth, TX United States	Certificate Number: 2016-1159
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Fort Worth	Date Filed: 01/05/2016 Date Acknowledged:

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 goods or services to be provided under the contract.

Northside Clinic
 City will contract with North Texas Area Community Health Centers, Inc. for \$300,000.00 of Community Development Block Grant

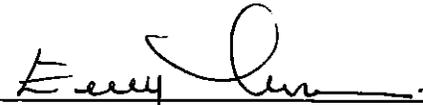
4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Northside Community Health Centers Inc.	Fort Worth, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

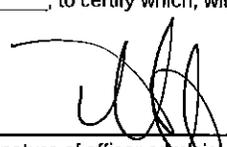


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Elizabeth Trevino, this the 5 day of January, 2016, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Michelle Hilbert

 Printed name of officer administering oath

HR Manager

 Title of officer administering oath