# CERTIFICATE OF INTERESTED PARTIES

FORM **1295**



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**

**Certificate Number:**
2016-1159

**Date Filed:**
01/05/2016

**Date Acknowledged:**

**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

**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

**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 | |
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**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.

NOTARY PUBLIC STATE OF TEXAS
MICHELLE J HILBERT
My Commission Expires
June 5, 2016

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

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 | Printed name of officer administering oath | Title of officer administering oath |
|---|---|---|
| | Michelle Hilbert | HR Manager |