

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

Certificate Number:
2016-61369

Date Filed:
05/24/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

AB Christian Learning Center
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 services, goods, or other property to be provided under the contract.

ABCLCCDBG2016
Child Care Services (ages 0 to 12)

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



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LORETTA BURNS, this the 31 day of May, 2014, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Sandra G Davis Printed name of officer administering oath
Notary Title of officer administering oath

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**

Certificate Number:
 2016-64871

Date Filed:
 06/02/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Cenikor Foundation
 Houston, 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 Forth 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 services, goods, or other property to be provided under the contract.

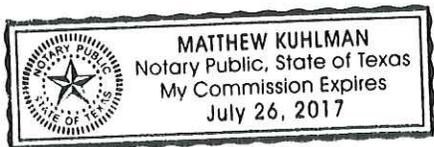
CECDBG2016
 Community Block Grant - Substance Abuse Services

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 AFFIDAVIT

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



Bill Bailey
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Bailey, this the 2 day of June, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Matt Kuhlman Printed name of officer administering oath
 AVP Accounting/Finance Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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.
Girls Inc. of Tarrant County
Arlington, TX United States

Certificate Number:
2016-62299

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:
05/26/2016

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 services, goods, or other property to be provided under the contract.
GICDBG2016
Delivery of research-based education, prevention, leadership, and mentoring programs for girls.

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



Jennifer Limas
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Limas, this the 31 day of May, 2016, to certify which, witness my hand and seal of office.

M. Riffle Michelle Riffle Notary Public - Tx
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

MECDBG2016

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.

Certificate Number:
2016-63507

Meals On Wheels, Inc. of Tarrant County
Fort Worth, TX United States

Date Filed:
05/31/2016

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 Acknowledged:

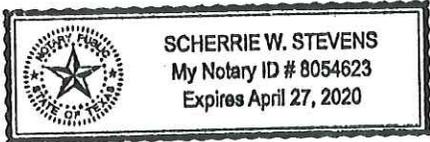
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

MOWCDBG2016
Home delivered meals for homebound elderly and disabled residents

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



AFFIX NOTARY STAMP / SEAL ABOVE

Carla Tutson

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Carla Tutson, this the 6 day of June, 20 16, to certify which, witness my hand and seal of office.

Scherrie W. Stevens Scherrie W. Stevens Sr. Accountant
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.

Presbyterian Night Shelter of Tarrant County
 Fort Worth, TX United States

Certificate Number:
 2016-74364

Date Filed:
 06/21/2016

Date Acknowledged:

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 services, goods, or other property to be provided under the contract.

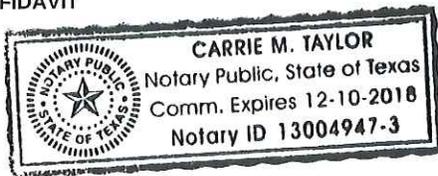
PRCDBG2016
 Case management services for men and women in the Presbyterian Night Shelter Moving Home Program.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Owen, Toby	Fort Worth, TX United States	X	
	Mildren, Matt	Fort Worth, TX United States	X	
	Means-Dufrene, MaryAnn	Fort Worth, TX United States	X	
	LaCamp, Jim	Fort Worth, TX United States	X	
	Schutts, Phillip	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.



[Signature]
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toby Owen, this the 22nd day of June, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Carrie M. Taylor Printed name of officer administering oath
Dir of HB Title of officer administering oath

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.

Senior Citizen Services of Greater Tarrant County, Inc.
 Fort Worth, TX United States

Certificate Number:
 2016-61531

Date Filed:
 05/25/2016

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 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 services, goods, or other property to be provided under the contract.

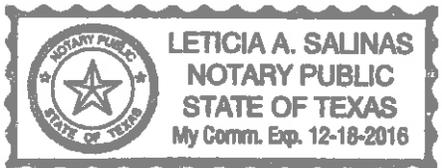
SECDBG2016
 Providing programming for seniors that includes meals and socialization, educational and health presentations and workshops.

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 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Jeromett Mosman
 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Jeromett Mosman, this the 31st day of May, 2016, to certify which, witness my hand and seal of office.

Leticia A. Salinas Leticia A. Salinas Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Certificate Number:
 2016-72849

Date Filed:
 06/17/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Tarrant County Housing Partnership, 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 services, goods, or other property to be provided under the contract.
 TCCDBG2016
 Housing counseling services

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

[Handwritten Signature]

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donna VanNess, this the 17 day of June, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]

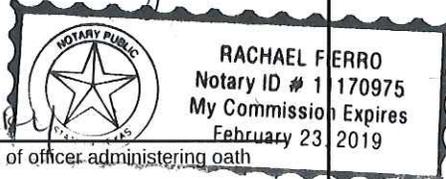
 Signature of officer administering oath

Rachael Ferro

 Printed name of officer administering oath

notary

 Title of officer administering oath



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

Certificate Number:
2016-61551

Date Filed:
05/25/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

The Ladder Alliance
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 services, goods, or other property to be provided under the contract.

LACDBG2016
Job skills training for low-income individuals.

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 AFFIDAVIT

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



Sharon Cox
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sharon Cox, this the 15 day of June, 2016, to certify which, witness my hand and seal of office.

Jessi Rixie
Signature of officer administering oath

Jessi Rixie
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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**

Certificate Number:
 2016-62177

Date Filed:
 05/26/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

United Community 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 services, goods, or other property to be provided under the contract.

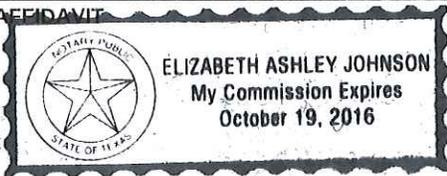
UNCDBG2016
 Educational Enrichment Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Esparza, Celia	Fort Worth, TX United States	X	
	Campion, Donald	Fort Worth, TX United States	X	
	Smiley, Kevin	Fort Worth, TX United States	X	
	Simpson, Margie	Fort Worth, TX United States	X	
	Rossi, Mae	Fort Worth, TX United States	X	
	Malloy, Michael	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.



Celia Esparza
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said President and CEO, this the 27th day of May, 2016, to certify which, witness my hand and seal of office.

Ashley Johnson
 Signature of officer administering oath

Ashley Johnson
 Printed name of officer administering oath

Executive Assistant
 Title of officer administering oath

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**

Certificate Number:
2016-74805

Date Filed:
06/22/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
YMCA of Metropolitan Fort Worth
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

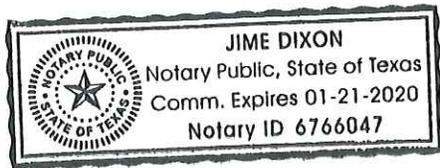
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
YMCDBG2016
Child Care Scholarships and Services to families

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mellgren , Kristine	Fort Worth, TX United States	X	
	McGuill, Teri	Fort Worth, TX United States	X	
	Helm, Jaye	Fort , TX United States Worth	X	
	Micelli, Rich	Fort Worth, TX United States	X	
	Baker, Todd	Fort Worth, TX United States	X	
	Shuman, Tony	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

Rich Micelli

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Rich Micelli, this the 22nd day of June, 20 16, to certify which, witness my hand and seal of office.

Jime Dixon

Signature of officer administering oath

Jime Dixon

Printed name of officer administering oath

Business Manager

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

01-06-16A08:50 RCVD

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**

Certificate Number:
2016-62288

Date Filed:
05/26/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
REACH 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, Neighborhood Services Department

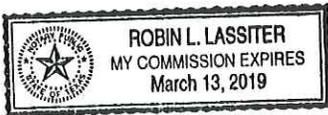
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
RECDBG2016
Barrier removal construction of ramps and installation of handrails and/or grab bars

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 AFFIDAVIT

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



Charlotte A. Stewart

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charlotte A. Stewart, this the 26th day of May, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer/administering oath

Robin L. Lassiter
Printed name of officer administering oath

Notary
Title of officer administering oath

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.

Tarrant County Samaritan Housing, Inc.
 Fort Worth, TX United States

Certificate Number:
 2016-64198

Date Filed:
 06/01/2016

Date Acknowledged:

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 services, goods, or other property to be provided under the contract.

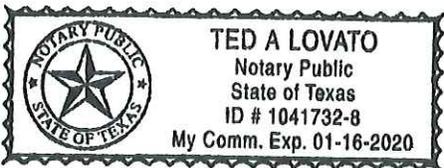
TAHOPWA2016
 Supportive Housing to homeless and very low-income Persons Living with HIV/AIDS - HOPWA

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 AFFIDAVIT

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



Norbert White
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norbert White, this the 20th day of June, 2016, to certify which, witness my hand and seal of office.

Ted A. Lovato
 Signature of officer administering oath

Ted A. Lovato
 Printed name of officer administering oath

Notary
 Title of officer administering oath

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.

AIDS Outreach Center
 Fort Worth, TX United States

Certificate Number:
 2016-25971

Date Filed:
 03/14/2016

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 Acknowledged:
 04/13/2016

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.

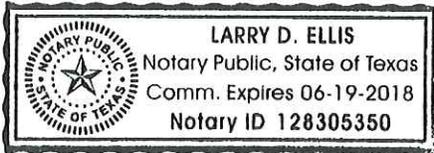
47281
 Housing Opportunities for Persons with AIDS

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 AFFIDAVIT

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



Shannon Hilgert

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon Hilgert, this the 21 day of June, 2016, to certify which, witness my hand and seal of office.

Larry D. Ellis

 Signature of officer administering oath

Larry P. Ellis

 Printed name of officer administering oath

Director of Admin Serv

 Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2016-74360

Date Filed:
 06/21/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Presbyterian Night Shelter of Tarrant County
 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 services, goods, or other property to be provided under the contract.

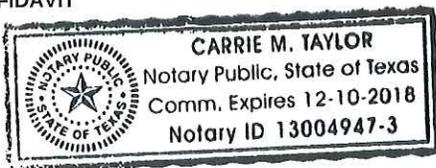
PRESG2016
 Shelter operations for the Main Emergency Shelter and the Morris Family Center

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Owen, Toby	Fort Worth, TX United States	X	
	Mildren, Matt	Fort Worth, TX United States	X	
	Means-Dufrene, MaryAnn	Fort Worth, TX United States	X	
	LaCamp, Jim	Fort Worth, TX United States	X	
	Schutts, Phillip	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.



[Signature]
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toby Owen, this the 22nd day of June, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Carrie M Taylor Printed name of officer administering oath
Dir of HB Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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.

SafeHaven of Tarrant County
Fort Worth, TX United States

Certificate Number:
2016-74172

Date Filed:
06/21/2016

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 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 services, goods, or other property to be provided under the contract.

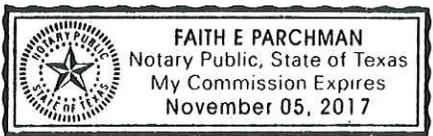
Emergency Shelter Grant 16-17
Emergency Shelter Services for Victims of Domestic Violence in the City of Fort Worth

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 AFFIDAVIT

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



[Handwritten Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James D Asteley, this the 21st day of June, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath
Printed name of officer administering oath
Title of officer administering oath

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.

DRC (Day Resource Center for the Homeless)
 Fort Worth, TX United States

Certificate Number:
 2016-65529

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:
 06/03/2016

Date Acknowledged:

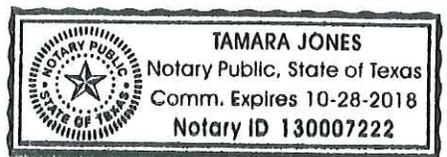
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

47288
 Emergency day shelter for the homeless

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



[Signature]
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRUCE FRANKEL, this the 21 day of June, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer-administering oath
 Tamara Jones Printed name of officer administering oath
 Notary Title of officer administering oath

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

Certificate Number:
2016-66464

Date Filed:
06/07/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

The Salvation Army-Mabee Social Services Center
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.

The 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 services, goods, or other property to be provided under the contract.

TSESG2016
Homeless Prevention Services

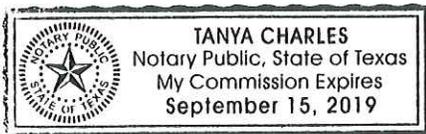
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

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



Beckie Wach
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beckie Wach, this the 7th day of June, 2016, to certify which, witness my hand and seal of office.

Jamy-Charles
Signature of officer administering oath

Tanya Charles
Printed name of officer administering oath

Notary
Title of officer administering oath

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.

Center for Transforming Lives
Fort Worth, TX United States

Certificate Number:
2016-61408

Date Filed:
05/25/2016

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 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 services, goods, or other property to be provided under the contract.

CEESG2016
Rapid rehousing

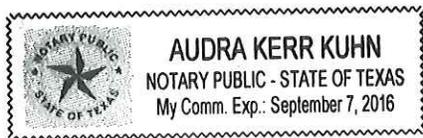
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

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



Carol Kloczek

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Kloczek, this the 27th day of May, 20 16, to certify which, witness my hand and seal of office.

Audra Kuhn

Signature of officer administering oath

Audra Kuhn

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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**

Certificate Number:
 2016-58639

Date Filed:
 05/19/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Mental Health Housing Development Corporation, 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 services, goods, or other property to be provided under the contract.

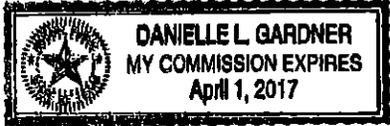
MHHDC
 Rental Housing Production

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 AFFIDAVIT

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



Lyn Scott

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lyn Scott, this the 19th day of May, 2016, to certify which, witness my hand and seal of office.

Danielle L. Gardner Danielle L. Gardner NOTARY PUBLIC
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.
Tarrant County Housing Partnership, Inc.
Fort Worth, TX United States

Certificate Number:
2016-60116

Date Filed:
05/23/2016

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 Acknowledged:

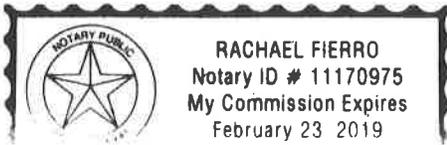
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
76111
New construction of single family homes in Riverside area of Fort Worth

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 AFFIDAVIT

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



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donna VanNess, this the 23rd day of May, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Rachael fierro

Printed name of officer administering oath

notary

Title of officer administering oath