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			CERTIFICATION OF FILING Certificate Number:		
	of business. Safe City Commission, Inc			2017-250010		
	Fort Worth, TX United States			Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.			08/15/2017		
	City of Fort Worth			Date Acknowledged:		
	side the identification when and hother was a local side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when the identification is a side of the identification when th					
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.					
	TY2018 CCPD One Safe Place Family Justice Center Program					
	raminy susuce Center Program	·····				
4	Name of Interested Party City, State, Country (place of busine		Nature of interest (check applicable)			
_				Controlling	Intermediary	
					····	
						
		····				
_			-			
5	Check only if there is NO Interested Party.			•		
5	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	JESSICA RENEE RIXIE Notary Public, State of Texas					
	My Commission Expires April 15, 2019					
4		· ·	_	•		
AFFIX NOTARY STAMP / SEAL, ABOVE						
	Sworn to and subscribed before me, by the said Grant Summers, this the 15 day of August 2017, to certify which, witness my hand and seal of office.					
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	Signature of officer administering oath Printed name of of	fficer administering oath Titl	e of of	ficer administerir	ng oath	
orms provided by Texas Ethics Commission www.ethics.state.tx.us						