## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

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.	CEF	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			Certificate Number:		
	of business. Presbyterian Night Shelter			2017-272767		
ı	Fort Worth, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			10/16/2017		
ı	being filed.					
ı	City of Fort Worth, Neighborhood Services Department			Date Acknowledged:		
3	Provide the identification number used by the governmental actions and the identification number used by the governmental actions and the identification number used by the governmental action and the identification number used by the governmental action and the identification number used by the governmental action and the identification number used by the governmental action and the identification number used by the governmental action and the identification number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number used by the governmental action is a significant number of the governmental number of t					
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.					
l	Main Shelter HVAC					
ı	HVAC repalcement					
H	Nature of interest					
4	Name of Interested Party City, State, Country (place of busing		ess)		(check applicable)	
L				Controlling	Intermediary	
Γ						
H			$\dashv$			
H			-			
L						
-			-			
5	Check only if there is NO Interested Party.		l			
	X					
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	\$^^^					
	Melissa Ann Dock My Commission Expires 12/30/2018  Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Alexander Allen, this the 16th day of October,					
	Sworn to and subscribed before me, by the said THC X CO DEC IT TO SEV.  20 1 7 to certify which, witness my hand and seal of office.					
	20_1 1, to certify writers my mand and scar of office.					
	Melisca Dock Admi			Min		
	Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				ing oath	
or	ms provided by Texas Ethics Commission www.e	thics.state.tx.us		Ver	sion V1.0.3337	