					1 01 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	10 COLUMN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	Name of business entity filing form, and the city, state and country of business. AIDS Outreach Center	y of the business entity's place	2018-	icate Number: -362865	
	Fort Worth, TX United States		Date I	Filed: 1/2018	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is			
	AIDS Outreach Center			Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide 2018-19 PSA RFP	y or state agency to track or identify ed under the contract.	the co	ontract, and prov	vide a
	Supportive Services, Tenant Based Rental Assistance, Short to	erm rent, mortgage, and utilities			
4		City, State, Country (place of busing	(229	Nature of (check ap	f interest oplicable)
Ĺ	Name of Interested Party	Sity, State, Sound y (place of bush)		Controlling	Intermediary
F					
F					
Γ					
Γ					
F					
dash					
F					
F					
F					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	, and my date of	birth is	10.29.59	
	My name is 50 000 0000 0000 00000	0	L Contractions	76.00	LICA
	My address is <u>400 N. Beach St. #100</u> (street)	, Fort Words, Tr (city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct Executed in LARRY D. ELLIS Notary Public, State of Texas Comm. Expires 06-19-2018 Notary ID 128305350	t. y, State of <u>Texas</u> , on the <u>Magan</u> Signature of/authorized agent of con		day of(month)	(year)
		(Declarant)			

Forms provided by Texas Ethics Commission

is a start start 1818 - Andrew y Contra 1819 - Start Start a de ja 🦿 . : . 11 C . . . •.  $\sigma = \frac{1}{2} \left[ \frac{1}{2} - \frac{1}{2} \right]$ ant <mark>a</mark> the part of the ••• . . . Ξ. le sti ÷ . . . LARRY D. ELLIS Ettoracy. Public, State of Terus A Horacy, Euritica, Stalle of Terrors (Comm. Expires Co.19:2018) Motory ID. 128305310 Notory ID 128305326 'n

Г			_		
L	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					<b>1</b> of 1
ſ	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	
1		ntry of the business entity's place		ficate Number:	
	of business. Center for Transforming Lives	,		3-363001	
	Fort Worth, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is		4/2018	
L	being filed. City of Fort Worth		Date	Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify	the c	ontract, and pro	vide a
	2018-19 PSA RFP - ESG	ded under the contract.			
	Rapid Rehousing				
				Nature o	finterest
ľ	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
┝			_	Controlling	Intermediary
ŀ					
L					
F					
L					
L					
F					
L					
⊢					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Canal Klocck	, and my date of b	oirth is	4-26	-67
	My address is 430 Angus Rd	(city), Wacabacinic, 7	¥.	75167	Ellis
	(street)	(city) (sta	ite)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	·t			
			J.	•	
	Executed in Tane County	y, State of Texas, on the 4	<u>בי</u> ן	ay of <u>Jre</u> (month)	_, 20 <u>18</u> . (year)
		CAN		,	
		Signature of authorized agent of contr (Declarant)	acting	business entity	

	CERTIFICATE OF INTERESTED PART	TIES	FOI	RM <b>1295</b>	
				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 US CERTIFICATIO		
1	Name of business entity filing form, and the city, state and count of business. Girls Inc. of Tarrant County Fort Worth, TX United States	try of the business entity's place	Certificate Number: 2018-362526 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed. Girls Inc. of Tarrant County	e contract for which the form is	06/01/2018 Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 2018-19 PSA RFP-CDBG-Youth Ser Youth services to at-risk girls.	ty or state agency to track or identify led under the contract.	ify the contract, and provide a		
4	Name of Interested Party	City, State, Country (place of busine	12000022000000	of interest applicable)	
L		,,,	Controlling	Intermediary	
L					
┝					
┝					
L	Check only if there is NO Interested Party.		I		
6	My name is Sennifer Limes	, and my date of I	birth is <u>8-21</u> -	1974.	
	My address is 1226 E. Weatherford St., Fort Worth, Tx., 76102, USA (street) (city) (state) (zip code) (country)			_, <u>US A</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct $T_{a}$		1 +		
	Executed in <u>arrant</u> County tate of Texas Tarrant <u>Hills-before</u> me MARLENE M (SWEDX LIM'S PERSONally appeared	, State of $\underline{1} \underline{2} \underline{2} \underline{4} \underline{5}$ , on the $\underline{1} \underline{2} \underline{2} \underline{2} \underline{3} \underline{2} \underline{3} \underline{2} \underline{3} \underline{3} \underline{3} \underline{3} \underline{3} \underline{3} \underline{3} 3$	day of(month	2, 208 ) (year)	
ALL CALLER	MARLENE M. (SWEDA LIM'S PERSONAL GUPEAL OF Notary Public, State of Texas My Commission Expires July 01, 2018 My Commence State of Texas	Signature of authorized agent of cont (Declarant)	tracting business entity		

Forms provided by Texas Ethics Commission

### FORM 1295

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Γ	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.	CE	OFFICE USE	the data of bacavas of the	
1			Certificate Number:		
	of business. Tarrant County Samaritan Housing, Inc.	2018	3-363287		
	Fort Worth, TX United States	Date	Filed:		
2		06/0	4/2018		
	being filed. City of Fort Worth	Date	Date Acknowledged:		
			9		
3	Provide the identification number used by the governmental entity or state agency to track or identidescription of the services, goods, or other property to be provided under the contract.	ify the c	ontract, and pro	vide a	
	2018-19 PSA RFP- HOPWA			£	
	2018-19 PSA RFP - HOPWA - Supportive Service, Operations, TBRA				
4			Nature o	f interest	
[	Name of Interested Party City, State, Country (place of bus	siness)		oplicable)	
$\vdash$		,	Controlling	Intermediary	
2					
F					
$\vdash$					
		,			
				a.	
$\vdash$					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		)		
	My name is <u>Porbert</u> White, and my date	of birth is	2/1/	52 105A	
	My address is 929 Hemphill Street, Fort Worth, (city)	(state)	76/04 (zip code)	Tarran) (country)	
	I declare under penalty of perjury that the foregoing is true and correct.		ie n		
	Executed in Tarrart County, State of Taras, on the	• <u>5tra</u>		_, 20 <u>1</u> 8.	
	TED A LOVATO	10	(month)	(year)	
	Notary Public State of Texas ID # 1041732-8 My Comm. Exp. 01-16-2020 (Declarant)	ontracting	g business entity	/	
Foi	ms provided by Texas Ethics Commission www.ethics.state.tk.us		Ver	sion V1.0.5523	
	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.		OFFICE US CERTIFICATIO		
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> </ol>		Certificate Number: 2018-362579		
United Community Centers, Inc.				
<ul><li>Fort Worth, TX United States</li><li>2 Name of governmental entity or state agency that is a party t</li></ul>		Date Filed: 06/01/2018		
being filed.	to the contract for which the form is	00/01/2010		
City of Fort Worth	Date Acknowledged	ł:		
3 Provide the identification number used by the governmental description of the services, goods, or other property to be provided and the services.	entity or state agency to track or identify rovided under the contract.	/ the contract, and pro	ovide a	
2018-19 PSA RFP CDBG Literacy				
Literacy for Life Education for Children				
4			of interest	
Name of Interested Party	City, State, Country (place of busin		applicable)	
		Controlling	Intermediary	
Campion, Donald Fort Worth, TX United States		X		
Esparza, Celia Fort Worth, TX United States		x		
Smiley, Kevin	Fort Worth, TX United States	х		
Hegi, Tom	Fort Worth, TX United States	X		
Galvan, Robert Fort Worth, TX United States		х		
Faile, Tom	Fort Worth, TX United States	x		
			-	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·	/	,	
My name is Donald CAmpion	, and my date of	birth is $\frac{12}{6}$	52	
My address is 2008 Elmhuert Dr (street)	<u>ARlington</u> , and my date of <u>Arlington</u> , <u>7</u> (city) (st	$\frac{1}{2}$ , <u>760/2</u> (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and co				
Executed in TARKANT Co	ounty, State of <u><i>Pexps</i></u> , on the	15T day of <u>Jun</u>	<u>e</u> , 20 <u>18</u> . (year)	
	D. ND.	· <b>^</b> (		
	Signature of authorized agent of font	tracting business entity	- 0	
(Declarant)				

#### FORM 1295

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		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	
		<b>Certificate Number:</b> 2018-363844	
Fort Worth, TX United States	ſ	Date Filed:	
2 Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	06/05/2018	
City of Fort Worth		Date Acknowledged:	
3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be proved to 2018-19 PSA RFP CDBG Youth Services		he contract, and provide a	
4		Nature of interest	
Name of Interested Party	City, State, Country (place of busines	ss) (check applicable) Controlling Intermediary	
Mellgren , Kristine Fort Worth, TX United States		X	
McGuill, Teri	Fort Worth, TX United States	X	
Helm, Jaye	Fort Worth, TX United States	X	
Micelli, Rich	Fort Worth, TX United States	x	
Baker, Todd	Fort Worth, TX United States	x	
Shuman, Tony	Fort Worth, TX United States	×	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION		8 11 - 1976	
My name is Jaye Helm	, and my date of b	irth is $0 - 10 - 1710$	
My address is 512 Lamar Ste 40 (street)	ie, Ff. Warth, Tr (city) (sta	$\frac{\chi}{\text{te}}, \frac{76 26}{(\text{zip code})}, \frac{\text{USA}}{(\text{country})}.$	
I declare under penalty of perjury that the foregoing is true and corr			
	inty, State of $TX$ , on the $\frac{2}{3}$		
CAROLINE D. ROPER Notary Public, State of Texas Comm. Expires 11-19-2021	Allelun	(month) (year)	
Caroline D. Koper 45/18	Signature of authorized agent of contr (Declarant)	acting business entity	

Forms provided by Texas Ethics Commission

#### FORM 1295

1 of 1

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(	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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING		
	Name of business entity filing form, and the city, state and country of the business entity's place of business.		ficate Number: 8-363019		
-	The Salvation Army - Mabee Social Services Center				
1.00	Fort Worth, TX United States	0.010	Filed:		
	Name of governmental entity or state agency that is a party to the contract for which the form being filed.	is 06/04	4/2018		
	City of Fort Worth	Date	Acknowledged:		
3 1	Provide the identification number used by the governmental entity or state agency to track or description of the services, goods, or other property to be provided under the contract.	identify the c	ontract, and pro	vide a	
	2018-19 CDBG, ESG				
	Public Service Agency RFP				
			Nature o	f interest	
4	Name of Interested Party City, State, Country (place of	of business)	(check a		
			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		+ 2		
	My name is <u>Ronnie Raymer</u> , and my	y date of birth i	s June 2,	1985.	
	My address is 1221 Riverbend Drive , Dallas (street) (city)	, <u></u> , (state)	75247 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Dallas County, State of Texas	, on the $5^{m}$	day of June (month)	, 20 <u>18</u> . (year)	
	ALLISON BOSHER My Notary ID # 128294406	7	a huginaga antit		
	Expires June 9, 2022 Signature of authorized age	ent of contractil ant)	ng business entity		

#### 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		
1	Name of business entity filing form, and the city, state and country of the boot business. Guardianship Services, Inc. Fort Worth, TX United States	ousiness entity's place		cate Number: 363241 Filed:		
2	<ul> <li>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</li> </ul>			06/04/2018 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. FY2018 Contract Prevention of Elder Financial Exploitation					
4	Name of Interested Party City, Sta	ate, Country (place of busin	iess)	Nature of (check ar Controlling		
	· · · · · · · · · · · · · · · · · · ·					
_			-+			
5	Check only if there is NO Interested Party.		<b>I</b>			
6	UNSWORN DECLARATION, My name is I_UN SCOTT My address is 603 W. Magnolia Ave= (street)	, and my date of <u>+205</u> FOLTWO (city) (s	birth is RTF state)	11 29 + 7× 76 (zip code)	165 104 USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct. Executed inCounty, State ofCounty, State ofSignatu	Line of authorized agent of cor	<u> </u>	lay of <u>Jun</u> (month) COLL	<u><i>C</i></u> , <sub>20</sub> <u>/8</u> . (year)	
1		U (Declarant)				

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#### FORM 1295

1 of 1

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	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.		CE	OFFICE USE		
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2018-362655		
	AB Christian Learning Center		2010	002000		
	Fort Worth, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	06/0	2/2018		
	being filed. City of Fort Worth		Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		/ the c	ontract, and pro	vide a	
	2018-19 RFP-CDBG Youth Service					
	Youth Services					
4				Nature o	finterest	
	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap		
-				Controlling	Intermediary	
-						
-						
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Loretta Burns	, and my date of	birth is	s_6/4/1951	·	
	My address is 5005 Brentwood Stair RD. #200	, Fort Worth	Х,	76112	<u>,</u> US	
Í	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	:t.				
	Executed in Tarrant County	y, State of TX, on the	2	<sub>day of</sub> June	, <sub>20</sub> 18	
				(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity		

				FORI	м 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	
1	Name of business entity filing form, and the city, state and country of business. Housing Channel Fort Worth, TX United States			icate Number: -363821 Filed:	
2	Name of governmental entity or state agency that is a party to the obeing filed. City of Fort Worth			5/2018 Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided 2018-19 PSA RFP CDBG Housing Counseling & Education	or state agency to track or identify d under the contract.	the co	entract, and prov	ride a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	
			_		

		Conu	<u>uning</u> j	Internetiary
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is Donna Van Ness	, and my date of birth is/ (	0/15	166
	My name is Donna Van Ness My address is 4200 S. Freeway 307, (street)	(city) (state) 761	//5 code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in Tarvant County, St	ate of $\underline{TX}$ , on the $\underline{S}_{day of}$	June	20
· .		Mm az	2	(year)
		gnature of authorized agent of contracting busine (Declarant)	ss entity	

Forms provided by Texas Ethics Commission

				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.	arties		OFFICE US		
Name of business entity filing form, and the city, state a		_	CERTIFICATION OF FILING Certificate Number:		
of business.	and country of the business entity's place		8-362821		
Meals On Wheels, Inc. of Tarrant County					
Fort Worth, TX United States			Filed:		
Name of governmental entity or state agency that is a p being filed.	party to the contract for which the form is	06/0	4/2018		
City of Fort Worth		Date	Acknowledged		
Provide the identification number used by the governm description of the services, goods, or other property to	nental entity or state agency to track or identity be provided under the contract.	fy the c	ontract, and pro	vide a	
PY2018-2019 CDBG					
2018-19 PSA RFP - CDBG - Home Delivered Meals					
			Nature o	f interest	
Name of Interested Party	City, State, Country (place of busi	ness)	2010 2010 2010 2010 2010 2010 2010 2010	oplicable)	
			Controlling	Intermediary	
a					
				,	
Check only if there is NO Interested Party. $X$					
UNSWORN DECLARATION	2				
My name is Carla Jution	, and my date of	birth is	5/18/4	5	
My address is 1705 Fauhanie dle. (street)		<u>71</u> , state)	76063 (zip code)	, <u>TARAA</u> (country)	
I declare under penalty of perjury that the foregoing is true a	and correct.				
Executed in	County, State ofCounty, State ofCounty, State ofCounty	<u> </u>	lay of <u>JUUE</u> (month)	_, 20 <u>18</u> . (year)	
	Pal. At			())	
-	Signature of authorized agent of cor	tracting	t business entity		
	(Declarant)	adoung	j subiness critity		

www.ethics.state.tx.us

	CERTIFICATE OF INTERESTED PAR	TIES			1205
				FOR	м <b>1295</b> 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.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ertificate Number: 018-362879	
	Lighthouse for the Homeless, Inc. Fort Worth, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	06/04	4/2018	
	2018-19 PSA RFP - ESG Case Management	~	Date	Acknowledged:	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and prov	vide a
	TWP ESG 2018-2019 Services for Homelessness				
-		l		Nature o	finterest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
		en an	100	Controlling	Intermediary
Ha	ller, Meredith	Fort Worth, TX United States		х	
Pi	erce, Scot	Fort Worth, TX United States		х	
Se	verson, Micky	Fort Worth, TX United States		х	
M	ans-Dufrene, MaryAnn	Fort Worth, TX United States		х	
0	ven, Toby	Fort Worth, TX United States		х	
5	Check only if there is NO Interested Party.				
1000	UNSWORN DECLARATION				
	My name is Toby Dwen	, and my date of t			2
	My name is Toby Dwen My address is 2400 Cypress (spreet)	, <u>Fost Worth</u> , <u>T</u> (city) (sta	Z. ate)	<b>7632</b> (zip code)	(country)
	l declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed in Tarrant. County, State of Texas, on the 4 day of fund, 20/8.				
	Judi Bleven	/, State of <u>/ ジスと</u> , on the _	<u>(</u> _d	(month)	_, 20 <u>40</u> . (year)
gan b Chief	JUDI GLOVER	Troc			
	My Notary ID # 3043548 Expires November 5, 2020	Signature of authorized agent of cont (Declarant)	racting	business entity	
For	ns previded by Texas Ethics Commission www.eth	ics.state.tx.us		Vers	sion V1.0.5523

FORM 1295

1 of 1

			1 01 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 CERTIFICATION		
1 Name of business entity filing form, and the city, state and country of the business entity's place		Certificate Number:		
Presbyterian Night Shelter of Tarrant County Inc.	of business. Presbyterian Night Shelter of Tarrant County Inc.			
Fort Worth, TX United States		Date Filed:		
2 Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	06/04/2018		
2018-19 PSA RFP - ESG - Case Management		Date Acknowledged:		
3 Provide the identification number used by the governmental end description of the services, goods, or other property to be provident.		the contract, and pro	vide a	
PNS ESG 2018-2019 Services for Homelessness				
4 Name of Interested Party	City, State, Country (place of busine		f interest oplicable)	
Name of interested Party	City, State, Country (place of busine	Controlling	Intermediary	
Means-Dufrene, MaryAnn	Fort Worth, TX United States	х		
Severson, Micky	Fort Worth, TX United States	X		
Haller, Meredith	Fort Worth, TX United States	х		
Pierce, Scot	Fort Worth, TX United States	х		
Owen, Toby	Fort Worth, TX United States	x		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is <u>Toby Dwen</u> My address is <u>2400 Cypress</u>	, and my date of b	pirth is 3-3-7	12	
My address is 2400 CUPIESS	(city)	<b>*</b> , <b>76702</b> ate) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correc	st.			
Executed in Tanont Count	y, State of $\underline{\text{Texas}}$ , on the _	4 day of time	_, 20/8	
Judi DUDIE		<ul> <li>(month)</li> </ul>	(year)	
JUDI GLOVER My Notary ID # 3043548 Expires November 5, 2020	Signature of authonized agent of contr (Declarant)	racting business entity		

Forms provided by rexas Etnics Commission

FORM	1295
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			1011
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 US CERTIFICATION	
<ol> <li>Name of business entity filing form, and the city, stat of business.</li> </ol>	e and country of the business entity's place	Certificate Number: 2018-362870	
The Presbyterian Night Shelter of Tarrant County I	nc		
Fort Worth, TX United States 2 Name of governmental entity or state agency that is a	a party to the contract for which the form is	Date Filed: 06/04/2018	
being filed.	a party to the contract for which the form is		
2018-19 CDBG Case Management		Date Acknowledged	:
3 Provide the identification number used by the govern description of the services, goods, or other property		y the contract, and pro	ovide a
PNS CDBG 2018-2019	to be provided under the contract.		
Services for homelessness			
		Nature o	of interest
4 Name of Interested Party	City, State, Country (place of busin		pplicable)
		Controlling	Intermediary
Haller, Meredith	Fort Worth, TX United States	X	
Pierce, Scot	Fort Worth, TX United States	x	
Means-Dufrene, MaryAnn	Fort Worth, TX United States	x	
Severson, Micky	Fort Worth, TX United States	x	
Owen, Toby	Fort Worth, TX United States	X	
	· · · · · · · · · · · · · · · · · · ·		
	1	set P.	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is TDAY DWEN	, and my date of	birth is <u>3-3-</u> 7	2
		76102	-
My address is 2400 Cypiess	(city)	tate) (zip code)	, USA. (country)
I declare under penalty of perjury that the foregoing is true	e and correct.		
Executed in Tarrant	County, State ofCounty_, on the _	day of June	. 20 18
(wear)			
JUDI GLOVER	1.0		
My Notary ID # 3043548			
Expires November 5, 2020	Signature of authorized agent of cont (Declarant)	racting business entity	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us	Ver	sion V1.0.5523

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
L					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	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: 8-362508	
	Sixty and Better, Inc. Fort Worth, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed. City of Fort Worth	ne contract for which the form is		1/2018 Acknowledged:	
				0	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a
	SECDBG2018 Providing programming for seniors that includes meals and s workshops.	ocialization, transportation, education	onal ai	nd health prese	ntations and
4			, I		finterest
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap Controlling	plicable) Intermediary
F				Controning	Internetialy
F					
F					
F					
Γ					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is MONIQUE BARBER				
	My address is 520 SAMUELS #620 (street)	3 FORT WORTH T	X.	76102	U.S.
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre		15	ά.	
	Executed inCoun	ty, State of $\underline{TEX4S}$ , on the	157	day of <u>JUNE</u> (month)	, 20 <u>/</u> / <u>8</u> . (year)
		Mangue Pro	andre	1	
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity	

CERTIFICATE OF	INTERESTED	PARTIES
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FORM 1295

-			Contra		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 US	
1	Name of business entity filing form, and the city, state and cour of business.		4	RTIFICATION	OF FILING
		ntry of the business entity's place		ificate Number:	
	The Ladder Alliance		2018	3-362687	
	Fort Worth, TX United States		Data	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is		3/2018	
	The Ladder Alliance, Inc				
	The Eadler Analice, Inc		Date	Acknowledged:	:
3	Provide the identification number used by d				
	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide	ity or state agency to track or identify	the co	ontract, and pro	vide a
	CDBG 2018-19	and ander the contract.			
	Computer skills training				
-					
4	Name of Interested Party		I	Nature o	finterest
	Hane of Interested Party	City, State, Country (place of busine	ss)	(check ap	plicable)
-				Controlling	Intermediary
-					
and the second second					
Meril Manadaktan					
ali cumane a					
					2
5 0	heck only if there is NO Interested Party.				
3 11	NSWORN DECLARATION				
0					
N	y name is Sharon Cox				
	1	, and my date of birt	th is		·
M	y address is 1100 Hemphill Suite 30	2 Feetle Jauthe T.	-	11121	
	(street)	(city) (state)		6104	<u>US</u>
			)	(zip code)	(country)
1	leclare under penalty of perjury that the foregoing is true and correct.				
	Tourset a la	_		-	
	county,	State of, on the 5	day	of Jule	, 20_18.
11	CHRISTIE STEINBORN			(month)	(year)
Sev.	Comm. Expires 05-08-2021				
1	OF Notary ID 4503157	Sharon ( n. 1)			
		Signature of authorized agent of contract	ting bu	usiness entity	
		(Declarant)		-	1

Forms provided by Texas Ethics Commission

## FORM 1295

_				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE USE	ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEF	RTIFICATION	OF FILING	
1	<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> </ol>		Certificate Number: 2018-370162		
	SafeHaven of Tarrant County				
	Fort Worth, TX United States		Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	06/1	06/19/2018		
	City of Fort Worth	Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and pro	vide a	
	2018-2019 Emergency Solutions 2018-2019 Emergency Solutions Grant - Emergency Shelter Services for Victims of Domestic Vi	olence	9		
4			Nature o	f interest	
-	Name of Interested Party City, State, Country (place of busin	iess)	(check applicable)		
_			Controlling	Intermediary	
1.31					
			a		
5	Check only if there is NO Interested Party.				
6					
	My name is JAmes DAskey, and my date of	birth is	4-15-1	941	
	My address is 1100 Hemphill St. # 303, For Worth, J	Χ.	76104	TKA	
	(street) (city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in <u>JAvram</u> County, State of <u>JCKAS</u> , on the	19	day of <u>June</u>	, 20 <u>18</u> . (year)	
	R	$\overline{)}$	A 8	12 X/	
	Signature of authorized agent of con	tratting	business entity		
	(Declarant)	. Oun	5 Submess enuly		
Fo	rms provided by Texas Ethics Commission www.ethics.state.tx.us		Ver	sion V1.0.552	