## **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	lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:			
	rkers Assistance Program, dba Alliance Work Partners			2023-1074576			
	ustin, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a part being filed.	agency that is a party to the contract for which the form is			09/21/2023		
	City of Manor				Date Acknowledged:		
3	Provide the identification number used by the governmen description of the services, goods, or other property to be			y the co	ontract, and pro	ovide a	
	2023-57						
	EAP services						
4					Nature of interest		
	Name of Interested Party	City, State, Country (place of busi		ness)	(check applicable)  Controlling Intermediary		
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	name is Scott Terres, and my date of			of birth is July 4, 1973			
	My address is 2525 Wallingwood Dr, Bldg 5	, Austin	, <u>T</u> :	X	78746	USA	
	(street)	(0	city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and	d correct.					
	Executed in Travis	County, State of Texa	State of Texas, on the		21st <sub>day of</sub> September <sub>20</sub> 23		
		, 511 (110			(month)	(year)	
	Scott Terres						
	Signature of authorized agent of contracting business entity  (Declarant)						