# **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.  Name of business entity filing form, and the city, state and country of the business entity's place |   |                          |                                       | OFFICE USE ONLY                             |                 |              |   |
| 1 |  |   |                          |                                       | CERTIFICATION OF FILING Certificate Number: |                 |              |   |
| _ | of business.   |   |                          |                                       | 2016-138695                                 |                 |              |   |
|   | City of Seguin Seguin, TX United States  |   |                          |                                       | Date Filed:<br>11/18/2016                   |                 |              |   |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is  |   |                          |                                       |   |                 |              |   |
|   | being filed.   |   |                          | Date Acknowledged:                    |   |                 |              |   |
|   | Harris County Department of Education  |   |                          |                                       | 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.          |   |                          |                                       |   |                 |              |   |
|   | Purchasing Cooperative   |   |                          |                                       |   |                 |              |   |
|   | HCDE Nonprofit Agreement   |   |                          |                                       |   |                 |              |   |
| 4 | Name of Interested Party  City, State, Country (place of b   |   |                          |                                       | Nature of interest                          |                 |              |   |
|   |  |   | City, State, Country (pl | City, State, Country (place of busine |   |                 | oplicable)   | _ |
|   |  |   |                          |                                       |   | Controlling     | Intermediary | _ |
|   |  |   |                          |                                       |   |                 |              |   |
|   |  |   |                          |                                       |   |                 |              |   |
|   |  |   |                          |                                       | -   |                 |              | - |
|   |  |   |                          |                                       |   |                 |              | _ |
|   |  |   |                          |                                       |   |                 |              |   |
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|   |  |   |                          |                                       |   |                 |              | _ |
|   |  |   |                          |                                       |   |                 |              | _ |
|   |  |   |                          |                                       |   |                 |              |   |
|   |  |   |                          |                                       |   |                 |              |   |
|   |  |   |                          |                                       |   |                 |              | - |
| _ | Check only if there is NO between 1.7  |   |                          |                                       |   |                 |              | _ |
| 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 of authorized  | agent of con                          | tracting I                                  | business entity |              |   |
|   | AFFIX NOTARY STAMP / SEAL ABOVE  |   |                          |                                       |   |                 |              |   |
|   | Sworn to and subscribed before me, by the said   |   |                          | , this the                            |   | day of          |              |   |
|   | 20, to certify which, witness my hand and seal of office.  |   |                          |                                       |   |                 |              |   |
|   |  |   |                          |                                       |   |                 |              |   |
|   |  |   |                          |                                       |   |                 |              |   |
|   | Signature of officer administering oath Pr   | eath Printed name of officer administering oath |                          |                                       | Title of officer administering oath         |                 |              |   |
|   | - · · · · · · · · · · · · · · · · · · ·  |   | ~                        |                                       |   |                 | -            |   |

### HCDE CERTIFICATE OF INTERESTED PARTIES – FORM 1295

Certificate of Interested Parties (Form 1295 must be filled out electronically with the Texas Ethics Commission's online filing application, printed out, signed, notarized, and attached to the nonprofit agreement) HCDE is required to comply with House Bill 1295, which amended the Texas Government Code by adding Section 2252.908, Disclosure of Interested Parties. Section 2252.908 prohibits HCDE from entering into a contract resulting from this RFP with a business entity unless the business entity submits a Disclosure of Interested Parties (Form 1295) to HCDE at the time business entity submits the signed contract. The Texas Ethics Commission has adopted rules requiring the business entity to file Form 1295 electronically with the Texas Ethics Commission. The following definitions apply:

(1)"Business Entity" means an entity recognized by law through which business is conducted, including asole proprietorship, partnership, or corporation. TEX. GOV'T CODE § 2252.908(1).

## (2)"Interested Party" means a person:

a) who has a controlling interest in a business entity with whom HCDE contracts; or

b) who actively participates in facilitating the contract or negotiating the terms of the contract, including a broker, intermediary, adviser, or attorney for the business entity. TEX. GOV'TCODE § 2252.908(3).

#### (3)"Controlling interest" means:

a)an ownership interest or participating interest in a business entity by virtue of units, percentage, shares, stock, or otherwise that exceeds 10 percent;

b)membership on the board of directors or other governing body of a business entity of whichthe board or other governing body is composed of not more than 10 members; or

c)service as an officer of a business entity that has four or fewer officers, or service as one of the four officers most highly compensated by a business entity that has more than four officers. TEX. ETHICS COMM. RULE 46.3(c).

(4) "Intermediary" means a person who actively participates in the facilitation of the contract ornegotiating the contract, including a broker, adviser, attorney, or representative of or agent for thebusiness entity who: a) receives compensation from the business entity for the person's participation;

b)communicates directly with the governmental entity or state agency on behalf of the businessentity regarding the contract; and

c)is not an employee of the business entity. TEX. ETHICS COMM. RULE 46.3(e).

## As a "business entity," all vendors must:

(1)complete Form 1295 electronically with the Texas Ethics Commission using the online filingapplication, which can be found at <a href="https://www.ethics.state.tx.us/whatsnew/elf\_info\_form1295.htm-All vendors must complete Form 1295">https://www.ethics.state.tx.us/whatsnew/elf\_info\_form1295.htm-All vendors must complete Form 1295</a>, even if no interested parties exist-In Section 2, insert "Harris County Department of Education"-In Section 3, insert "N/A - HCDE nonprofit agreement"(2)print a copy of the completed form (make sure that it has a computer-generated certification number in the "Office Use Only" box)

(3) have an authorized agent of the business entity sign the form

#### (4)notarize the form

(5) **submit** the completed, signed, notarized Form 1295 certificate with the nonprofit agreement to Mary@ChoicePartners.org or fax to 713-696-0791.