



a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **ALPHA 360 FOUNDATION** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **ALPHA 360 FOUNDATION** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **ALPHA 360 FOUNDATION** agrees to provide **COUNTY** all records relating to the programs performed by **ALPHA 360 FOUNDATION** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **ALPHA 360 FOUNDATION** shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **ALPHA 360 FOUNDATION** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,

- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **ALPHA 360 FOUNDATION** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **ALPHA 360 FOUNDATION** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

*Brandon Crook*

\_\_\_\_\_  
**Brandon Crook**  
**ALPHA 360 FOUNDATION**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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 of business.**

Certificate Number:  
2023-1066440

Alpha Phi Alpha  
ARLINGTON, TX United States

Date Filed:  
08/30/2023

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Alpha Ambassadors Club

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.**

TC Precinct 2  
Mentor young men of Tarrant County 6th thru 12th grade by offering STEM and life skills training while preparing them for college while providing scholarships

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Brandon Cook	Arlington, Texas, US		

5 Check only if there is NO Interested Party.



**6 UNSWORN DECLARATION**

My name is Brandon Cook, and my date of birth is 9/29/1977.

My address is 408 N. Waterford Oaks Dr., Cedar Hill, Tx, 75104, US.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 8 day of September, 2023.  
(month) (year)

Brandon Cook  
Signature of authorized agent of contracting business entity  
(Declarant)



relationship existing is one of independent contractor. This **Agreement** does not and shall not be construed to entitle either party or any of their respective employees or officials, if applicable, to any benefit, privilege or other amenities of employment from the other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** agrees to provide **COUNTY** all records relating to the programs performed by **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

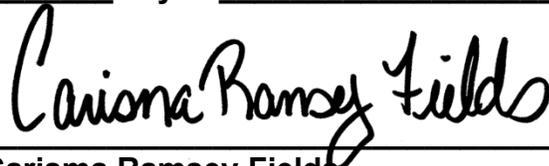
- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **ALPHA KAPPA ALPHA SORORITY, INC., ALPHA BETA PHI OMEGA CHAPTER** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.



\_\_\_\_\_  
Carisma Ramsey Fields  
**ALPHA KAPPA ALPHA SORORITY, INC.,  
ALPHA BETA PHI OMEGA CHAPTER**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
Tim O'Hare  
County Judge

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

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**Criminal District Attorney's Office\***

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**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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**

Certificate Number:  
 2023-1066961

Date Filed:  
 08/31/2023

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Alpha Kappa Alpha Sorority, Inc., Alpha Beta Phi Omega  
 Grand Prairie, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Commissioner Simmons' Organization Program Fund

**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.**  
 TC Precinct 2  
 This free event showcases and funnels revenue to local minority-owned businesses.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

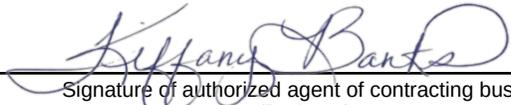
**6 UNSWORN DECLARATION**

My name is Kiffany Banks, and my date of birth is 08/11/1980.

My address is 210 Adirondack Trl., Arlington, TX, 76002, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 31 day of August, 2023.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity (Declarant)



relationship existing is one of independent contractor. This **Agreement** does not and shall not be construed to entitle either party or any of their respective employees or officials, if applicable, to any benefit, privilege or other amenities of employment from the other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, agrees to provide **COUNTY** all records relating to the programs performed by **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**, acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.



Tunya Redvine

**ARLINGTON ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
Tim O'Hare

County Judge

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

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**Criminal District Attorney's Office\***

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**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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 of business.  
Arlington Alumnae  
Arlington , TX United States

Certificate Number:  
2023-1067424

Date Filed:  
09/04/2023

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
Tarrant County, Texas

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.  
FY2024  
Provide community resources

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Munya Redvine, and my date of birth is 03/31/1964.

My address is 4000 Brownwood Ln. (street), Arlington (city), TX (state), 76017 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 4<sup>th</sup> day of September, 2023.  
(month) (year)

Munya Redvine  
Signature of authorized agent of contracting business entity (Declarant)



relationship existing is one of independent contractor. This **Agreement** does not and shall not be construed to entitle either party or any of their respective employees or officials, if applicable, to any benefit, privilege or other amenities of employment from the other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** agrees to provide **COUNTY** all records relating to the programs performed by **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.



---

**Tameka Jackson**  
**THE ARLINGTON FOUNDATION FOR EXCELLENCE IN EDUCATION**

**COUNTY OF TARRANT**  
**STATE OF TEXAS**

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**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

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**Criminal District Attorney's Office\***

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**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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 of business.**  
The Arlington Foundation of Excellence  
Arlington, TX United States

Certificate Number:  
2023-1067052

Date Filed:  
09/01/2023

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
The Arlington Foundation for Excellence in 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.**  
Tarrant County Precinct 2  
501c3 non-profit - Community programs and resources

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Tameka Jackson on behalf of The Arlington Foundation for Excellence in Education, and my date of birth is 9/7/1972.

My address is PO Box 150301, Arlington, TX, 76015, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of TX, on the 1st day of September 2023.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)



relationship existing is one of independent contractor. This **Agreement** does not and shall not be construed to entitle either party or any of their respective employees or officials, if applicable, to any benefit, privilege or other amenities of employment from the other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

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9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** agrees to provide **COUNTY** all records relating to the programs performed by **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

**COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term “boycott Israel” is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **ARLINGTON – GRAND PRAIRIE GUIDE RIGHT FOUNDATION** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

  
\_\_\_\_\_  
Julius Thompson  
ARLINGTON – GRAND PRAIRIE GUIDE  
RIGHT FOUNDATION

COUNTY OF TARRANT  
STATE OF TEXAS

\_\_\_\_\_  
Tim O'Hare  
County Judge

APPROVED AS TO FORM:

CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

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**Criminal District Attorney's Office\***

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**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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**

Certificate Number:  
2023-1067322

Date Filed:  
09/01/2023

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Arlington Grand Prairie Guide Right Foundation  
Grand Prairie, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Tarrant County

**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.**  
Tarrant County Pct. 2  
mental health support group and coping skills

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Julius Thompson, and my date of birth is 02/19/1985.

My address is 112 S Pipeline Road W, Eules, TX, 76040, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 03 day of September, 2023.  
(month) (year)

Julius Thompson  
Signature of authorized agent of contracting business entity  
(Declarant)



a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **FINDING ME ACADEMY GLOBAL, INC.**, must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **FINDING ME ACADEMY GLOBAL, INC.**, shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **FINDING ME ACADEMY GLOBAL, INC.**, agrees to provide **COUNTY** all records relating to the programs performed by **FINDING ME ACADEMY GLOBAL, INC.**, upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **FINDING ME ACADEMY GLOBAL, INC.**, shall not use the aforementioned lump sum payment of \$20,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

12. **FINDING ME ACADEMY GLOBAL, INC.**, must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

13. **FINDING ME ACADEMY GLOBAL, INC.**, verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

14. **FINDING ME ACADEMY GLOBAL, INC.**, acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

  
\_\_\_\_\_  
**Darmetreis Kilgore**  
**FINDING ME ACADEMY GLOBAL, INC.**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$20,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely**

# 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

Certificate Number:  
 2023-1065451

Date Filed:  
 08/29/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Finding Me Academy Global, Inc.  
 Mansfield, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Commissioner Alisa Simmons Tarrant County Precinct 2

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.

~~141123456~~ TC Precinct 2  
 Youth Programs Conflict Resolution Life Skills and Workforce Development

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

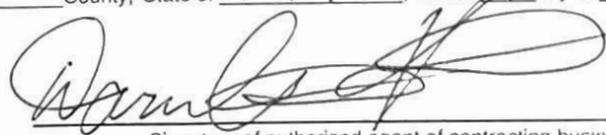
6 UNSWORN DECLARATION

My name is Darmetreis Kilgore, and my date of birth is April 13, 1981

My address is 1400 N. State Hwy 360 #1524 Mansfield, TX, 76063, USA  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 29 day of August, 2023  
(month) (year)

  
 Signature of authorized agent of contracting business entity  
 (Declarant)



5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **HARVESTING IN MANSFIELD FOOD BANK** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **HARVESTING IN MANSFIELD FOOD BANK** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **HARVESTING IN MANSFIELD FOOD BANK** agrees to provide **COUNTY** all records relating to the programs performed by **HARVESTING IN MANSFIELD FOOD BANK** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **HARVESTING IN MANSFIELD FOOD BANK** shall not use the aforementioned lump sum payment of \$10,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

12. **HARVESTING IN MANSFIELD FOOD BANK** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

13. **HARVESTING IN MANSFIELD FOOD BANK** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

14. **HARVESTING IN MANSFIELD FOOD BANK** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.



\_\_\_\_\_  
**Lisa Richardson**  
**HARVESTING IN MANSFIELD FOOD BANK**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$10,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.

# 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 of business.

Harvesting International  
Mansfield, TX United States

Certificate Number:  
2023-1065850

Date Filed:  
08/29/2023

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Tarrant County

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.

Organization Program Fund  
Support for bulk food distributed to Tarrant County residents.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Lisa Richardson, and my date of birth is 02-03-1967.

My address is 5601 Hanna Ct., Ft. Worth, TX, 76126, Tarrant  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 29 day of August, 2023.  
(month) (year)

Lisa Richardson

Signature of authorized agent of contracting business entity  
(Declarant)



partnership, joint enterprise, common enterprise, joint venture, joint owners, or joint tenants between the parties. The parties hereby declare and acknowledge that the relationship existing is one of independent contractor. This **Agreement** does not and shall not be construed to entitle either party or any of their respective employees or officials, if applicable, to any benefit, privilege or other amenities of employment from the other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** agrees to provide **COUNTY** all records relating to the programs performed by **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** shall not use the aforementioned lump sum payment of \$20,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of

13. **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **NORTH TEXAS AREA COMMUNITY HEALTH CENTERS** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

Gerrie Whitaker

Gerrie Whitaker (Aug 31, 2023 15:45 CDT)

\_\_\_\_\_  
**Gerrie Whitaker**  
**NORTH TEXAS AREA COMMUNITY HEALTH CENTERS**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$20,000**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$20,000**

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**Criminal District Attorney's Office\***

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**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

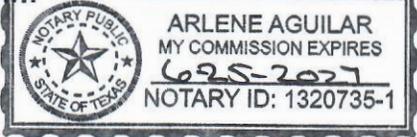
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY
<b>1 Name of business entity filing form, and the city, state and country of the business entity's place of business.</b> North Texas Area Community Health Centers, Inc.	
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b> Tarrant County	

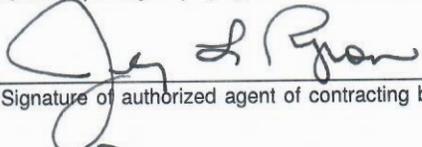
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.**  
 Tarrant County Precinct 2

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

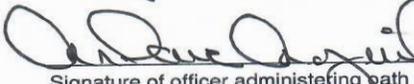
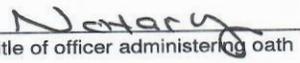
**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



  
 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Jenny L Pymen, this the 30th day of August, 2023, to certify which, witness my hand and seal of office.


Arlene Aguilar
  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY



other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

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10. In providing the services required by this **Agreement**, **SAFE FAMILIES FOR CHILDREN ALLIANCE** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **SAFE FAMILIES FOR CHILDREN ALLIANCE** be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **SAFE FAMILIES FOR CHILDREN ALLIANCE** agrees to provide **COUNTY** all records relating to the programs performed by **SAFE FAMILIES FOR CHILDREN ALLIANCE** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **SAFE FAMILIES FOR CHILDREN ALLIANCE** shall not use the aforementioned lump sum payment of \$15,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **SAFE FAMILIES FOR CHILDREN ALLIANCE** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations

requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of COUNTY funds (salary, rent, training, etc.). Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to COUNTY.

Until receipt of this final report by COUNTY, all subsequent funding will be held in abeyance.

14. SAFE FAMILIES FOR CHILDREN ALLIANCE verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

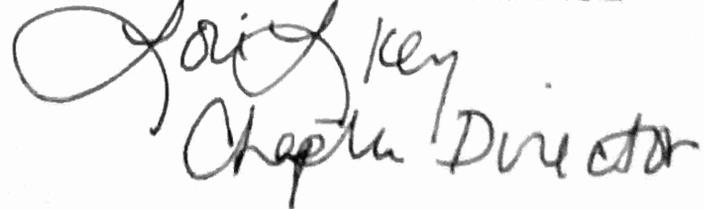
15. SAFE FAMILIES FOR CHILDREN ALLIANCE acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.



Lori Key

SAFE FAMILIES FOR CHILDREN ALLIANCE



Joie Key  
Chapter Director

COUNTY OF TARRANT  
STATE OF TEXAS

\_\_\_\_\_  
Tim O'Hare  
County Judge

APPROVED AS TO FORM:

CERTIFICATION OF  
AVAILABLE FUNDS: \$15,000

**Criminal District Attorney's Office\***

**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**





5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

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10. In providing the services required by this **Agreement**, **SEASONS OF CHANGE, INCORPORATED** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **SEASONS OF CHANGE, INCORPORATED** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **SEASONS OF CHANGE, INCORPORATED** agrees to provide **COUNTY** all records relating to the programs performed by **SEASONS OF CHANGE, INCORPORATED** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **SEASONS OF CHANGE, INCORPORATED** shall not use the aforementioned lump sum payment of \$25,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

12. **SEASONS OF CHANGE, INCORPORATED** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

13. **SEASONS OF CHANGE, INCORPORATED** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term “boycott Israel” is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

14. **SEASONS OF CHANGE, INCORPORATED** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

  
 \_\_\_\_\_  
**Tavian Harris**  
**SEASONS OF CHANGE, INCORPORATED**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$25,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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 of business.**  
Seasons of Chage, Incorporated  
Arlington, TX United States

Certificate Number:  
2023-1065637

Date Filed:  
08/29/2023

Date Acknowledged:

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
TC Precinct 2

**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.**  
TC Precinct 2  
Assisting families in the city of Arlington

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

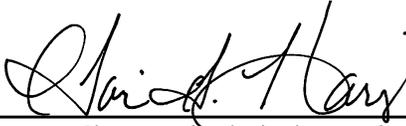
### 6 UNSWORN DECLARATION

My name is Tavian T. Harris, and my date of birth is 04.02.1969.

My address is 2425 Hillary Trail, Mansfield, TX, 76063, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 6th day of September, 2023.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)



a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **SEE IT THROUGH CHARITIES** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **SEE IT THROUGH CHARITIES** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **SEE IT THROUGH CHARITIES** agrees to provide **COUNTY** all records relating to the programs performed by **SEE IT THROUGH CHARITIES** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **SEE IT THROUGH CHARITIES** shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **SEE IT THROUGH CHARITIES** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,

- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **SEE IT THROUGH CHARITIES** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **SEE IT THROUGH CHARITIES** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

*M.D. Hall*

\_\_\_\_\_  
**Marcus D. Hall**  
**SEE IT THROUGH CHARITIES**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**





5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **SERVICE FIRST INITIATIVES, INC.**, must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **SERVICE FIRST INITIATIVES, INC.**, shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **SERVICE FIRST INITIATIVES, INC.**, agrees to provide **COUNTY** all records relating to the programs performed by **SERVICE FIRST INITIATIVES, INC.**, upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **SERVICE FIRST INITIATIVES, INC.**, shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **SERVICE FIRST INITIATIVES, INC.**, must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,

- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **SERVICE FIRST INITIATIVES, INC.**, verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **SERVICE FIRST INITIATIVES, INC.**, acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.



Melvin Omar Roberson  
**SERVICE FIRST INITIATIVES, INC.**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
Tim O'Hare  
County Judge

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$3,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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 of business.  
Service 1st Initiatives, Inc  
Arlington, TX United States

Certificate Number:  
2023-1068957

Date Filed:  
09/07/2023

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
Tarrant County

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.  
Tarrant County Pct. 2  
Youth Mentoring Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Stallings, Donald	Arlington, TX United States		X
	ROBERSON, MELVIN OMAR	ARLINGTON, TX USA	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is MELVIN OMAR ROBERSON, and my date of birth is 1-1-1981.

My address is 4904 COPPER COVE CIR, MANFIELD, TX, 76063, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in TARRANT County, State of TEXAS, on the 7<sup>TH</sup> day of SEPT, 2023.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)



a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **ZENITH ROCK CHARITIES** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **ZENITH ROCK CHARITIES** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **ZENITH ROCK CHARITIES** agrees to provide **COUNTY** all records relating to the programs performed by **ZENITH ROCK CHARITIES** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **ZENITH ROCK CHARITIES** shall not use the aforementioned lump sum payment of \$5,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

13. **ZENITH ROCK CHARITIES** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

- (a) a program update on all outcomes accomplished and client populations served; and,

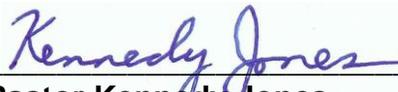
- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **ZENITH ROCK CHARITIES** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **ZENITH ROCK CHARITIES** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

  
 \_\_\_\_\_  
**Pastor Kennedy Jones**  
**ZENITH ROCK CHARITIES**

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
**Tim O'Hare**  
**County Judge**

**APPROVED AS TO FORM:**

**CERTIFICATION OF  
AVAILABLE FUNDS: \$5,000**

\_\_\_\_\_  
**Criminal District Attorney's Office\***

\_\_\_\_\_  
**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely**

# 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**

Certificate Number:  
2023-1066149

Date Filed:  
08/30/2023

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Zenith Rock Charity  
Arlington, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Tarrant County

**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.**  
Precinct 2  
Childcare and Early Childhood development for underserved children

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	County Commissioners Court	Fort Worth, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Kennedy Jones, and my date of birth is 10/25/1960.

My address is 511 Harmon Terrace, Arlington, TX, 76010, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 30 day of August, 2023.  
(month) (year)

*Kennedy Jones*

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)



relationship existing is one of independent contractor. This **Agreement** does not and shall not be construed to entitle either party or any of their respective employees or officials, if applicable, to any benefit, privilege or other amenities of employment from the other party.

5. This **Agreement** shall not be interpreted to inure to the benefit of a third party not a party to this **Agreement**. This **Agreement** may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this **Agreement**, party's agent, or party's employee, otherwise provided by law.

6. The parties to this **Agreement** will not sell, assign, transfer or convey any benefits or obligations of this **Agreement** in whole or part without the prior written consent of both parties.

7. If any one or more of the provisions contained in this **Agreement**, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision of this **Agreement**.

8. This **Agreement** constitutes the entire agreement between the parties, and any and all prior negotiations are merged into this **Agreement**. Any amendment, change, or addition to this **Agreement** shall be made only in writing and signed by both parties.

9. This **Agreement** will be governed by and construed according to the laws of the State of Texas. Venue for any action or claim arising from this **Agreement** will be in Tarrant County, Texas, as to state court actions, and the United States District Court for the Northern District of Texas, as to federal court actions.

10. In providing the services required by this **Agreement**, **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

11. **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** agrees to provide **COUNTY** all records relating to the programs performed by **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** upon written request of **COUNTY** and to provide a final report detailing the manner in which such funds are expended and the program details of its services.

12. **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** shall not use the aforementioned lump sum payment of \$3,000 by **COUNTY** for the purpose of higher education scholarships or any other forms of monetary payment to an institute of higher education, including payments to an organization or foundation with the purpose of providing funding for higher education scholarships.

**CHAPTER** must submit to **COUNTY** a final report as to the program outcomes achieved within sixty (60) days of the end of the requested funding year (by November 30, 2023) by providing the following:

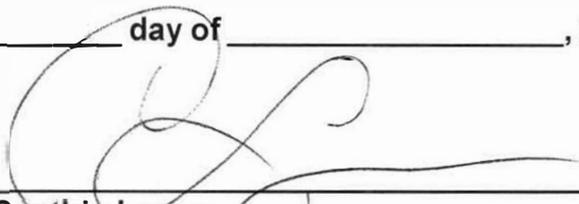
- (a) a program update on all outcomes accomplished and client populations served; and,
- (b) an accounting of all expenditures of **COUNTY** funds (salary, rent, training, etc.). *Any funds not used for the specified purposes or not used within the time limits specified in this contract are subject to be returned to **COUNTY**.*

Until receipt of this final report by **COUNTY**, all subsequent funding will be held in abeyance.

14. **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term “boycott Israel” is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

15. **ZETA PHI BETA SORORITY, INCORPORATED – OMICRON BETA ZETA CHAPTER** acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

  
\_\_\_\_\_  
Cynthia Logan  
ZETA PHI BETA SORORITY  
INCORPORATED – OMICRON BETA ZETA  
CHAPTER

COUNTY OF TARRANT  
STATE OF TEXAS

\_\_\_\_\_  
Tim O'Hare  
County Judge

CERTIFICATION OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF  
APPROVED AS TO FORM:**

**AVAILABLE FUNDS: \$3,000**

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**Criminal District Attorney's Office\***

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**Tarrant County Auditor**

**\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.**

# 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 of business.**

Zeta Phi Beta Sorority Inc Omicron Beta Zeta Chapter  
 Arlington, TX United States

Certificate Number:  
 2023-1067445

Date Filed:  
 09/05/2023

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Tarrant County Commissioner Precinct 2

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.**

Community Organization Program  
 Community Organization Program Fund to support proactive and hard-working organizations in Tarrant County.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

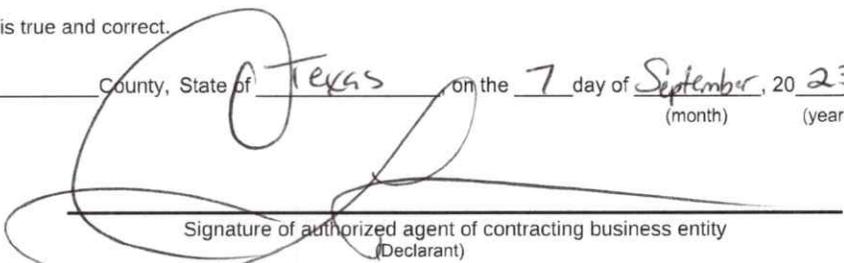
**6 UNSWORN DECLARATION**

My name is Cynthia Hogan, and my date of birth is 1-23-1972.

My address is P.O. Box 182933 (street), Arlington (city), Tx (state), 76096 (zip code), Tarrant (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas on the 7 day of September, 2023.  
 (month) (year)

  
 Signature of authorized agent of contracting business entity (Declarant)