

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.

Clear Impact, LLC
Rockville, MD United States

Certificate Number:
2018-304724

Date Filed:
01/23/2018

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

Hidalgo County Health Department

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.

HCHD-001
Training and Technical Assistance, Clear Impact Scorecard, and Active Living Plan Document Drafting Assistance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County Health and Human Services	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

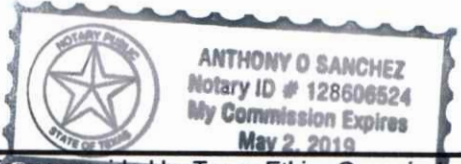
6 UNSWORN DECLARATION

My name is MARCOS MARQUEZ, and my date of birth is FEB 11 1971

My address is 1300 ROCKVILLE PIKE STE 100, ROCKVILLE, MD, 20852, US.
(street) (city) (state) (zip code) (country)

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

Executed in Bexar County, State of Texas, on the 23rd day of January, 2018.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2018-304724

Date Filed:
01/23/2018

Date Acknowledged:
02/12/2018

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Clear Impact, LLC
Rockville, MD United States

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Hidalgo County Health Department

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			Controlling	Intermediary
	Hidalgo County Health and Human Services	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)