

**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.**

CSRS, LLC  
Baton Rouge, LA United States

Certificate Number:  
2022-967404

Date Filed:  
12/28/2022

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

Hidalgo County, TX

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.**

RFP No: 22-0712-01-06 MEG  
Professional Consulting Services & Project Mgt. Support for Compliance & Reporting of Coronavirus SLFRF and Other Federal Grants

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 Suzanne Roberts, and my date of birth is 05/25/1966.

My address is 8555 United Plaza Blvd, Ste 100, Baton Rouge, LA, 70809, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in East Baton Rouge Parish County, State of Louisiana, on the 3rd day of January, 2023.  
(month) (year)

  
Signature of authorized agent of contracting business entity (Declarant)  
**Suzanne Roberts**  
Notary Public  
ID# 166427  
Parish of East Baton Rouge

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**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)