

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:
2025-1298179

Date Filed:
04/21/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
SFF Consulting Group, Inc.
Tampa, FL United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo 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.
Underwriting/Consulting Serv
Underwriting/Consulting Services for HUD HOME-ARP Projects FY 2020-2030 and Project No.: 25-0207 o

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fitterman, Stan	Tampa, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Stan Fitterman, and my date of birth is [REDACTED].

My address is 1120 E. Kennedy Blvd, #1410, Tampa, FL, 33602, U.S.
(street) (city) (state) (zip code) (country)

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

Executed in Hillsborough County, State of Florida, on the 21 day of April, 2025.
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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SFF Consulting Group, Inc.
Tampa, FL United States

Certificate Number:
2025-1298179

Date Filed:
04/21/2025

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

Date Acknowledged:
06/11/2025

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.
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Underwriting/Consulting Services for HUD HOME-ARP Projects FY 2020-2030 and Project No.: 25-0207 o

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