

# 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.**

Fostering Hope Austin  
Austin, TX United States

**Certificate Number:**  
2024-1238603

**Date Filed:**  
11/13/2024

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

Williamson County

**Date Acknowledged:**  
11/19/2024

**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.**

202562

Fostering Hope will provide practitioners who are qualified to offer clinically recognized, trauma-informed parent training to participants in the Family Recovery Court ("FRC") program.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Franke, William	Austin, TX United States	X	
	Norton, Shannon	Austin, TX United States	X	
	White, Rex	Austin, TX United States	X	
	Strychalski, Joe	Austin, TX United States	X	
	Kouri, Matt	Austin, TX United States	X	
	Kouri, Julie	Austin, 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)

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	Kouri, Julie	Austin, TX United States	X	

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

**6 UNSWORN DECLARATION**

My name is JOE STRYCHALSKI, and my date of birth is [REDACTED].

My address is [REDACTED] (street), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), [REDACTED] (country).

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

Executed in WILLIAMSON County, State of TEXAS, on the 19<sup>th</sup> day of Nov., 2024.  
(month) (year)

[Signature]  
Signature of authorized agent of contracting business entity  
(Declarant)