

YOU MUST REGISTER AND COMPLETE THIS FORM ONLINE

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.ht

OFFICE USE ONLY
THIS IS A SAMPLE FORM !!
THIS FORM MUST BE
COMPLETED ONLINE, THEN
PRINTED, NOTARIZED AND
SUBMITTED WITH BID OR
PROPOSAL DOCUMENTS.
ROBSTOWN I.S.D. MUST
THEN CONFIRM TO THE
TEXAS ETHICS COMMITTEE
THAT A NOTARIZED FORM
HAS BEEN RECEIVED FOR
EACH AWARDED VENDOR.

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.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ENTER YOUR BUSINESS NAME, CITY, STATE & COUNTRY HERE

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
ENTER ROBSTOWN I.S.D. HERE (WE ARE THE GOVERNMENTAL ENTITY)

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.
ENTER THE PROPOSAL (OR CONTRACT) NAME AND NUMBER HERE

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
ENTER EACH PERSON HAVING INTEREST, OWNERS ARE THE CONTROLLING PARTIES		X	
	SAMPLE DOCUMENT		
WORKERS (OR NON-OWNERS) IN YOUR COMPANY ARE INTERMEDIARY PARTIES			X
AFTER ONLINE FORM IS COMPLETE, PRINT FORM, HAVE FORM NOTARIZED.			
SEND NOTARIZED FORM TO ROBSTOWN I.S.D. – BY EMAIL TO:			
	lydia.lerma@robstownisd.org		
	OR FAX TO: 361-387-0466		

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.
ROBSTOWN I.S.D. MUST KEEP THIS NOTARIZED FORM ON FILE FOR EACH PROPOSAL OR CONTRACT AND EACH VENDOR RESPONDING TO PROPOSALS OR CONTRACTS.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

FAILURE TO COMPLY WITH HB1295 WILL RESULT IN VOIDING YOUR PROPOSAL OR CONTRACT

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

ADD ADDITIONAL PAGES AS NECESSARY