CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

L									
	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 coun of business.	Certificate Number: 2023-1013444							
	GrantWorks, Inc.								
	Austin, TX United States		Date Filed:						
2	Name of governmental entity or state agency that is a party to the being filed.	04/27/2023							
	City of Round Rock, Texas	Date	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.								
	22-030								
	Administration Services for American Rescue Plan Act (ARPA) Programs								
4			Nature of interest						
Ľ	Name of Interested Party	City, State, Country (place of business)		(check ap					
-				Controlling	Intermediary				
S	bitzengel, Bruce	Austin, TX United States		Х					
┢									
┝									
┡									
┢		I							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is <u>Cecelia Johnson</u>	, and my date of	birth is						
	My address is(street)		<u>Xas</u> , tate)	78756 (zip code)	, <u>USA</u> . (country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in Travis Count	ty, State of <u>Texas</u> , on the	<u>27th</u> c	lay of <u>April</u> (month)	, 20 <u>23</u> . (year)				
	Cecelia Johnson								
	Signature of authorized agent of contracting business entity (Declarant)								

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1 of 1

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	GrantWorks, Inc.	2020	2023 1013444							
	Austin, TX United States	•								
2		e of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 04/27/2023					
-	being filed.									
	City of Round Rock, Texas			Date Acknowledged:						
				05/05/2023						
3		ide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a ription of the services, goods, or other property to be provided under the contract.								
	22-030									
	Administration Services for American Rescue Plan Act (ARP)	A) Programs								
				-						
4				Nature of interest						
·	Name of Interested Party City, State, Country (place of bu		ness)	(check ap	plicable)					
				Controlling	Intermediary					
Spitzengel, Bruce		Austin, TX United States	Austin, TX United States							
5 Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION									
	My name is	is, and my date of birth is								
	My address is		, state)	(zip code)	, (country)					
			,		,					
I declare under penalty of perjury that the foregoing is true and correct.										
	Executed inCount	v. State of on the	(day of	. 20					
	Could inCould	, e.a.o or, or the		(month)	, 20 (year)					
	Signature of authorized agent of contracting business entity									
	(Declarant)									