



FORM 1295 CERTIFICATE OF INTERESTED PARTIES

RE: POLK COUNTY BIDS, QUOTES, PROPOSALS, CONTRACTS/AGREEMENTS

Contractors are required to complete Form 1295 via the Texas Ethics Commission website. This requires registration, generation of Form 1295 with a unique Certificate Number & filing date, printing the form, and returning the form to Misty Ellison, Assistant County Auditor. Awards cannot be made without the completed filing of Form 1295.

FILING INSTRUCTIONS

Form 1295 can be generated via the Texas Ethics Commission web portal. The website and detailed instructions are located at:
<https://www.ethics.state.tx.us/filinginfo/1295/>

SUBMITTAL INSTRUCTIONS

Submit your completed & signed form with your bid, quote, proposal, contract/agreement package.

FAQ

Texas Ethics Commission Frequently asked questions: FAQ 1295 (state.tx.us)

Once the project has closed and has been awarded to the contractor by Commissioners Court, Polk County Auditor's Office will then log-in to the Texas Ethics Commission portal and acknowledge receipt of the form.

Accordingly, a new filing must be completed for each awarded contract (new, amended, extended or renewed) requiring commissioners court approval.

Thank you for your prompt attention to this request. Please contact us with any questions.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

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.

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

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.

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 _____, 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)

ADD ADDITIONAL PAGES AS NECESSARY