

# 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.**

Collin County  
McKinney, TX United States

Certificate Number:  
2024-1236474

Date Filed:  
11/08/2024

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

Collin County

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.**

2024-460  
Personal Services Agreement, VALOR Mental Health Clinician, Allison Levy

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Levy, Allison	Providence Village, TX United States	X	

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

### 6 UNSWORN DECLARATION

My name is Allison Levy, 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 Collin County, State of Texas, on the 8 day of November, 2024.  
(month) (year)

Allison Levy, LMSW  
Signature of authorized agent of contracting business entity  
(Declarant)