CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 2

	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. Halff Associates, Inc.	Certificate Number: 2024-1190436
	Richardson, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	07/22/2024
	Collin County	Date Acknowledged:

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.

Agreement 2024-405

Agreement 2024-405 Professional Service Engineering Service Collin County Regional Trails Master Plan

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
·		Controlling	Intermediary
Sagel, Joseph	Richardson, TX United States	×	
Baker Daily, Jessica	Richardson, TX United States	Х	
Bertram, Shawn	Austin , TX United States	х	
Cranston, Shaun	Austin, TX United States	х	
Delgado, Jose	McAllen, TX United States	х	
Engelhardt, Cindy	Austin, TX United States	Х	
French, Sherri	Frisco, TX United States	×	
Hollis, Leigh	Frisco, TX United States	×	
Ickert, Andrew	Fort Worth, TX United States	Х	
Jackson, Todd	Austin, TX United States	х	
Miller , Steven	Austin, TX United States	Х	
Moya, Michael	Austin, TX United States	Х	
Murray, Menton	McAllen, TX United States	×	
Pylant, Ben	Fort Worth , TX United States	×	
	<u>'</u>	•	•

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FORM **1295**

					2 of 2			
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	Collin County		Date	ate Acknowledged:				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in the services of the services.		lentify the c	ontract, and pro	vide a			
	Agreement 2024-405 Agreement 2024-405 Professional Service Engineering Servi	Plan						
4	Name of Interested Party City, State, Country (pla	City, State, Country (place of	husiness)	Nature of interest (check applicable)				
	Name of meresical arty	City, Citato, Commity (prince of Automote		Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
Ü	My name is, and my date of birth is							
	<u> </u>	, and my u	ate of birting	·	· ·			
	My address is (street)	(city)	,, (state)	(zip code)	(country)			
	declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Count	ty, State of <u>Texas</u> , c	on the 22nd	day of July (month)	, 20 <u>24</u> . (year)			
		You dall	[]	(month)	(year)			
		Signature of authorized agent of contracting business entity						
	(Declarant)							