

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

The Evolvers Group, L.P.

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

City of San Antonio

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.

PUBLIC HEALTH NURSE PRACTITIONER or PHYSICIAN ASSISTANT, 100006642, RFP-015-092

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Sandeep Sharma	Flower Mound, TX. USA	X	

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.



AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed to by the said SANDEEP SHARMA, this the 22 day of FEBRUARY, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of authorized agent of contracting business entity

[Signature]
Signature of officer administering oath

OLADAPO O. AGOI
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY