DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
4040-0013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Review Public Burden Disclosure Statement

1. * Type of Federal Action:

- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:

- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:

- [x] a. initial filing
- [ ] b. material change

For Material Change Only:

year ____ quarter ____

date of last report ____

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee Tier if known: ____

** Name* ____

** Street 1* ____ *Street 2* ____

** City* ____ *State* ____ *Zip* ____

Congressional District, if known: ____

6. * Federal Department/Agency:

7. * Federal Program Name/Description:

CFDA Number, *if applicable:* ____

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$ ____

10. a. Name and Address of Lobbying Registrant:

Prefix ____ ** First Name* ____ *Middle Name* ____

** Last Name* ____ *Suffix* ____

** Street 1* ____ *Street 2* ____

** City* ____ *State* ____ *Zip* ____

b. Individual Performing Services (including address if different from No. 10a)

Prefix ____ ** First Name* ____ *Middle Name* ____

** Last Name* ____ *Suffix* ____

** Street 1* ____ *Street 2* ____

** City* ____ *State* ____ *Zip* ____

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** ____

***Name:** *Prefix* ____ ** First Name* ____ *Middle Name* ____

** Last Name* ____ *Suffix* ____

Title: ____ **Telephone No.:** ____ **Date:** ____

Federal Use Only: