Form Approved OMB No. 4040-0013 Exp. Date 12/31/2013

## **DISCLOSURE OF LOBBYING ACTIVITIES**

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

a. cc X b. gi C. cc d. lo	poperative agreement	2. * Status of Federa  a. bid/offer/applicatio  b. initial award  c. post-award		3. * Report Type:  X a. initial filing b. material change
4. Name and Address of Reporting Entity:				
▼ Prime SubAwardee  *Name				
*Street 1 Street 2				
*City State Zip				
Side Laboratoria de la companya de l				
Congressional District, if known:  5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:				
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 Middle Name Middle Name				
* Last Name Suffix				
* Street 1		Stree	et 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 \$100,000 for each such failure.				
* Signature:	Completed on submission to Gran	ts.gov		
*Name:	Prefix * First Name		Middle Nam	96
	* Last Name		Suffix	
Title:		Telephone No.:		Date: Completed on submission to Grants.gov
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0013. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer