

# Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\*, of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Education and Labor

Subcommittee: Early Childhood, Elementary, and Secondary Education

Hearing Date: \_\_\_\_\_

Hearing : \_\_\_\_\_

Witness Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

If you are a **non-governmental witness**, please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant or contract. *If necessary, attach additional sheet(s) to provide more information.*

Grants awarded to the American Academy of Pediatrics:

- \$6 million - HRSA funded project to increase telehealth access and infrastructure for providers and families to address needs created by the COVID-19 pandemic
- \$4.5 million - CDC funded project to improve infection prevention and control (Project Firstline)
- \$1.3 million - CDC funded two projects (\$600,000 and \$720,000) to identify and prevent violence against children and women
- \$200,000 - CDC funded project to enhance support for the delivery of essential health services to young children during the COVID-19 pandemic

If you are a **non-governmental witness**, please list any contracts or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. *If necessary, attach additional sheet(s) to provide more information.*