Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose t the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:	
Patrick Roberts, 1031 33 rd Street, Denver, CO 80218 (415) 845-1857	
1.	Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing. National Native American AIDS Prevention Center (NNAAPC) The Caring Ambassadors Program (CAP)
2.	Have you or any organization you are representing received Federal grants or contracts (including any subgrants or subcontracts) since October 2012 related to the agencies or programs funded by the Subcommittee? Yes
3.	Have you or any organization you are representing received any contract or payments originating with a foreign government since October 1, 2012 related to the agencies or programs funded by the Subcommittee? No
4.	If your response to question #2 and/or #3 is "Yes", please list the amount and the source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof), and/or the amount and country of origin of any payment or contact originating with a foreign government. Please also indicate weather the recipient was you or the organization(s) you are representing.
	Subcontract: NIHB Grant Award from the Indian Health Service ("IHS") entitled "National Indian Health Board MSPI and HIV/AIDS Cooperative Agreement"

(U252IHS0010-01-00). The period of performance for the work is from October 1, 2016 through September 14, 2017 to coincide with the award period. For the performance of the Sub-award, NIHB payment is not to exceed \$65,000.00. This performance-based sub award is predicated upon based upon the completion of deliverables as identified within the approved scope of work.

Signature

Date: 5 | 10 | 17