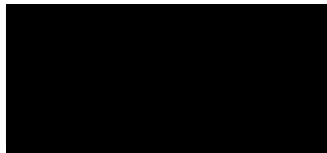


## Witness Disclosure Form

**Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to 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.**

<p>Your Name, Business Address, and Telephone Number:</p> <p>Ashley Tuomi, Board President. 924 Pennsylvania Ave, SE. Washington, DC 20003</p>
<p>1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.</p> <p>Representing the National Council of Urban Indian Health</p>
<p>2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2012 related to the agencies or programs funded by the Subcommittee?</p> <p><input checked="" type="radio"/> Yes      No</p>
<p>3. Have you or any organization you are representing received any contracts or payments originating with a foreign government since October 1, 2012 related to the agencies or programs funded by the Subcommittee?</p> <p>Yes      <input checked="" type="radio"/> No</p>
<p>4. If your response to question #2 and/or #3 is "Yes", please list the amount and 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 contract originating with a foreign government. Please also indicate whether the recipient was you or the organization(s) you are representing.</p> <p>Please see the attached document</p>

Signature:



Date:

May 08, 2017

NCUIH Notice of award amount

Nonfederal grantor/	Federal agency/ Pass-through grantor/ <u>Program title</u>	CFDA no./ <u>fed.contract</u> no.	Pass-through entity Identifying <u>Number</u>	Grant period <u>of performance</u>	<u>Amount</u>
	Indian Health Services - Cooperative Agreement	93.193		9/30/12-8/31/13	1,761,578.00
	Indian Health Services - Cooperative Agreement	93.193		9/30/13-8/31/14	1,096,176.00
	Indian Health Services - Cooperative Agreement	93.193		9/30/14-8/31/15	1,146,176.00
	Indian Health Services - Cooperative Agreement	93.193		9/30/15-9/14/16	1,221,176.00
	Indian Health Services - Cooperative Agreement	93.193		9/15/16-9/15/17	850,000.00
	CMS Navigator	93.750		8/15/13-8/14/14	184,333.00
	Office of Minority Health	93.004		9/1/12-8/31/13	200,000.00
	Office of Minority Health	93.004		9/1/13-8/31/14	125,000.00
	Office of Minority Health	93.004		9/1/14-8/31/15	200,000.00