

## "TRUTH IN TESTIMONY" DISCLOSURE FORM

<b>1. Name:</b>  Melissa H. Luckman	<b>2. Organization or organizations you are representing:</b>  Touro Law Center Disaster Relief Clinic
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3. Business Address and telephone number:

<p>4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2015 related to the subject on which you have been invited to testify?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>5. Have any of the <u>organizations you are representing</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2015 related to the subject on which you have been invited to testify?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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6. If you answered "yes" to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.

My organization has been awarded Social Services Block Grant funds in the sum of \$1,241,952.00.

7. Signature: 

Please attach a copy of this form to your written testimony.