COMMITTEE ON EDUCATION AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

Truth in Testimony Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Education and the Workforce require the disclosure of the following information by all witnesses appearing in a non-governmental capacity. A copy of this form should be attached to your written testimony and submitted to the Committee at least 48 hours prior to the hearing.

1. Your Name (Please Print):	2. Organization(s) you are representing:
PAULA K. KOOS	OKLAHOMA CHILD CARE RESOURCE & REFERRAL ASSOCIATION ☐ N/A

3. With respect to each of the entities listed in response to question 2, please briefly describe your position or representational capacity.

EXECUTIVE DIRECTOR

☐ N/A

4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2010, related to the subject on which you have been invited to testify?	5. Have any of the entities you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2010, related to the subject on which you have been invited to testify?
☐ YES ☒ No	☒ YES ☐ No ☐ N/A

6. If you answered "yes" to either question 4 or 5, please list the amount and source (by agency and program) of each Federal grant or contract (including any subgrants and subcontracts), 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.

FY 2011 $2,575,744
FY 2012 $2,059,829
FY 2013 $1,960,800
FY 2014 $2,038,099 - awarded, not yet fully drawn down

U.S. Dept of Health + Human Services passed through Oklahoma Dept of Human Services - CCDBG

☐ N/A

7. Signature: Paula K. Koos
8. Business Address and Telephone Number: OKLAHOMA CHILD CARE RESOURCE + REFERRAL ASSOCIATION 4200 PERIMETER CENTER DR, SUITE 235 OKLAHOMA CITY, OK 73112 405-942-5001 888-962-2772 cell 405-636-9512

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