## United States House of Representatives Committee on Foreign Affairs

## "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 require the disclosure of the following information. A copy of this form should be attached to your written testimony and will be made publicly available in electronic format, as required by House rules.

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1.	Date of Hearing: June 14, 2017
2.	Your Name: Julien Schopp
3.	Organization or organizations you are representing:  InterAction
4.	Since January 1, 2013, have you or your organization(s) received any Federal grants or contracts (including subgrants and subcontracts) related to the subject of the hearing or your representational capacity at the hearing? ■ Yes □ No (select one)
5.	Since January 1, 2013, have you or your organization(s) received any contract or payment originating with a foreign government related to the subject of the hearing or your representational capacity at the hearing?   Yes No (select one)
6.	If you answered "Yes" to either item 4 or 5, list the source and amount of each grant, contract, or payment. You may list additional grants, contracts, or payments on additional sheets.  State Department - Bureau Population Refugees and Migration (PRM) S-PRMCO-12-CA-001 - \$20,346 during the no-cost extension period from January 1 to February 15, 2013. S-PRMCO-14-CA-1282 - 09/29/14 -09/28/2016 total: \$182,186.00 S-PRMCO-15-CA-1234 - 06/01/2015 -05/31/2016 total: \$100,645.00 S-PRMCO-17-CA-2004 - 06/01/2017 - 05/31/2019 total: \$78,764.00  USAID - OFDA AID-OFDA-G-13-00057 06/01/2013 - 05/31/2014 total: \$2,192,360.00 AID-OFDA-A-13-00012 Modification extended grant to May 31, 2015 total: \$2,886,218.00 AID-OFDA-A-13-00012 Modification extended grant to December 31, 2016 total: \$2,071,722.00 AID-OFDA-A-13-00012 Modification extended grant to December 31, 2017 total: \$2,199,922.00 AID-OFDA-A-15-00028 - 06/01/2015 -05/31/2016 total: \$100,645.00
7.	Are you an active registrant under the Foreign Agents Registration Act (FARA)?  □ Yes  ■ No (select one)  Signature:
	Please attach a copy of this form to your written testimony.