

Committee on Energy and Commerce
U.S. House of Representatives
 Witness Disclosure Requirement - "Truth in Testimony"
 Required by House Rule XI, Clause 2(g)(5)

1. Your Name: Monica Bharel, MD, MPH

2. Your Title: Commissioner of Public Health, Massachusetts Department of Public Health

3. The Entity(ies) You are Representing: Commonwealth of Massachusetts

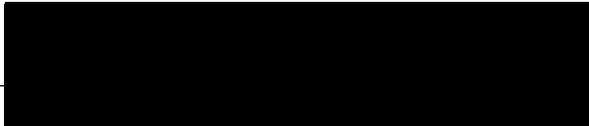
4. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes X	No
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5. Please list any Federal grants or contracts, or contracts or payments originating with a foreign government, that you or the entity(ies) you represent have received on or after January 1, 2013. Only grants, contracts, or payments related to the subject matter of the hearing must be listed.

Federal Agency	Name of Grant	Amount
Substance Abuse and Mental Health Services Administration	Substance Abuse Prevention and Treatment Block Grant	\$39,563,072
Substance Abuse and Mental Health Services Administration	Massachusetts Access to Recovery Program	\$2,622,222
Substance Abuse and Mental Health Services Administration	State Prevention Framework Grant	\$1,188,528
Administration for Children and Families	Family Recovery Project - Southeast MA	\$721,500
Substance Abuse and Mental Health Services Administration	Mission: Housed	\$711,818
Dept. of Justice, Office of Justice Programs	Drug Court Discretionary Grant	\$433,333
Centers for Disease Control and Prevention	Core Violence and Injury Prevention Project	\$427,388
Substance Abuse and Mental Health Services Administration	PDMP HER Data Integration Cooperative Agreement Quarterly Programmatic Report	\$413,925
Bureau of Justice Assistance	Harold Rogers Prescription Drug Monitoring Program FY14	\$400,000
Substance Abuse and Mental Health Services Administration	Mission Forward	\$325,000
Administration for Children and Families	Promoting Safe and Stable Families	\$193,362
Health Resources and Services Administration	MCH Research	\$100,000
	Total	\$47,100,148

6. Please attach your curriculum vitae to your completed disclosure form.

Signature: _____



Date: 05/18/2015