

**COMMITTEE ON NATURAL RESOURCES**  
**118<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g)(5)**

**Challenges and Opportunities for Improving Healthcare Delivery in Tribal Communities**  
**Indian and Insular Affairs Subcommittee**  
**March 29, 2023**

**For Individuals:**

Name:  
Address:  
Email Address:  
Phone Number:

\* \* \* \* \*

**For Witnesses Representing Organizations:**

Name: Chairwoman Janet Alkire  
Name of Organization(s) You are Representing at the Hearing: National Indian Health Board  
Business Address: 910 Pennsylvania Ave, SE, Washington, DC  
Business Email Address: [cshuy@nihb.org](mailto:cshuy@nihb.org)  
Business Phone Number: 202-507-4070

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**For Nongovernment Witnesses ONLY:**

1. Please attach/include current curriculum vitae or resume.

See attached biography.

2. Please list any federal grants or contracts (including subgrants or subcontracts) related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the source and amount of each grant or contract.

Grant Program: National Indian Health Outreach and Education I - Policy/Budget/Diabetes  
Grant Title: National Indian Health Outreach and Education  
FAIN: U251IHS0007  
Amount: \$837,000/year  
Awarding Agency: Indian Health Service

3. Please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the amount and country of origin of each contract or payment.

N/A

4. Please disclose whether you are a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing.

5. Please list any current or pending litigation against the Federal government to which you or your organization is a party. Please disclose as applicable case name, docket number, the court, and subject matter of the litigation.

N/A