

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

H.R. 2687 (Rep. Peltola) and H.R. 7516 (Rep. Johnson of SD), 04/30/24

For Individuals:

Name:
Address:
Email Address:
Phone Number:

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For Witnesses Representing Organizations:

Name: Janet Alkire
Name of Organization(s) You are Representing at the Hearing: National Indian Health Board
Business Address: 50 F Street NW, Suite 600, Washington, DC 20001
Business Email Address: [REDACTED]
Business Phone Number: [REDACTED]

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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: \$838,876/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