

# Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\*, of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Transportation and Infrastructure

Subcommittee: \_\_\_\_\_

Hearing Date: June 9, 2020

Hearing Title :

"On the Front Lines: The Impacts of COVID-19 on Transportation Workers."

Witness Name: Lamont Byrd

Position/Title: Director, IBT Safety and Health Department

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

International Brotherhood of Teamsters

If you are a **non-governmental witness**, please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant or contract. *If necessary, attach additional sheet(s) to provide more information.*

Funder	Project Title	Award Number	Amount
HHS, NIH & NIEHS	IBT Hazardous Materials Worker Health and Safety Training	5U45ES014084-15	\$1,932,171.00
HHS, NIH & NIEHS	IBT Hazardous Materials Worker Health and Safety Training	3U45ES014084-15S1	\$145,000.00
HHS, NIH & NIEHS	IBT Hazmat Training on DOE Weapons Complexes	5UH4ES014103-15	\$834,778.00
HHS, NIH & NIEHS	IBT Hazmat Training on DOE Weapons Complexes	3UH4ES014103-15S1	\$250,000.00
DOL	American Competitiveness and Workforce Improvement Act	AP-27958-15-60-A-11	\$4,668,382.00

If you are a **non-governmental witness**, please list any contracts or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. *If necessary, attach additional sheet(s) to provide more information.*

N/A