

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: Science, Space, and Technology

Subcommittee: _____

Hearing Date: November 20, 2019

Hearing Title :

Fighting Flu, Saving Lives: Vaccine Science and Innovation

Witness Name: Sharon M. Watkins

Position/Title: President, Council of State and Territorial Epidemiologists, State Epidemiologist, Pennsylvania Department of Health

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:

Council of State and Territorial Epidemiologists (CSTE)

If you are a non-governmental witness, please list any federal grants, cooperative agreements, 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, cooperative agreement, or contract. *If necessary, attach additional sheet(s) to provide more information.*

CSTE and Centers for Disease Control and Prevention (CDC) – Cooperative Agreement number 1 NU38OT000297-01-00

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.*