

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: Oversight

Hearing Date: September 23, 2020

Hearing Title :

Data for Decision-Making: Responsible Management of Data during COVID-19 and Beyond

Witness Name: Janet Hamilton

Position/Title: Executive Director

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

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 is a recipient of a cooperative agreement with the US Centers for Disease Control and Prevention the following funds have been received by CSTE this year and the previous three years.

2020: Cooperative agreement number 6 NU38OT000297-03	\$16,544,727
2019: Cooperative agreement number 6 NU38OT000297-02	\$32,023,068
2018: Cooperative agreement number 6 NU38OT000297-01-01	\$13,542,984
2017: Cooperative agreement number 5 NU38OT000143-05	\$16,198,481

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.

NA