

Committee on Ways and Means
 Witness Disclosure Requirement – “Truth in Testimony”
 Required by House Rule XI, Clause 2(g)

Your Name: Trudy Lyon-Hart		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). b. Briefly describe the capacity in which you represent this entity.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). National Council of Disability Determination Directors (NCDDD) b. Briefly describe the capacity in which you represent this entity. I serve as NCDDD President	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which you <u>have received</u> during the current fiscal year or either of the two previous fiscal years: None		
4. Please list any offices or elected positions you hold. President, NCDDD Director, Disability Determination Services, Agency of Human Services, State of Vermont		
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary. None		

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Name: Trudy Lyon-Hart

Address: 663 Upper Hollow Road

Stowe, VT 05672

Signature: 

Date: 3/18/13