



COMMITTEE ON EDUCATION AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

Truth in Testimony Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Education and the Workforce require the disclosure of the following information by all witnesses appearing in a non-governmental capacity. A copy of this form should be attached to your written testimony and submitted to the Committee at least 48 hours prior to the hearing.

<p>1. Your Name (Please Print):</p> <p><i>Yanira Cruz</i></p>	<p>2. Organization(s) you are representing:</p> <p><i>National Hispanic Council on Aging</i></p> <p><input type="checkbox"/> N/A</p>
<p>3. With respect to each of the entities listed in response to question 2, please briefly describe your position or representational capacity.</p> <p><i>I am the president and chief executive officer of the National Hispanic Council on Aging.</i></p> <p><input type="checkbox"/> N/A</p>	
<p>4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2010, related to the subject on which you have been invited to testify?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> No</p>	<p>5. Have any of the entities you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2010, related to the subject on which you have been invited to testify?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>6. If you answered "yes" to either question 4 or 5, please list the amount and source (by agency and program) of each Federal grant or contract (including any subgrants and subcontracts), and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.</p> <p><i>Please see next page</i></p> <p><input type="checkbox"/> N/A</p>	

Truth in Testimony Disclosure Form, Continued

1. Type of Award: Demonstration Assistance Type: Discretionary Funds

Period: June 1, 2010 – May 31, 2012

Agency: Administration on Aging

Program: National Hispanic Senior Medicare Patrol

Grant No. 90AM320403

Amount: \$560,000

Grant Recipient: National Hispanic Council on Aging

2. Type of Award: Demonstration Assistance Type: Cooperative Agreement (fiscal agent)

Period: Sept 30, 2011 – Sept 29, 2014

Agency: Administration on Aging

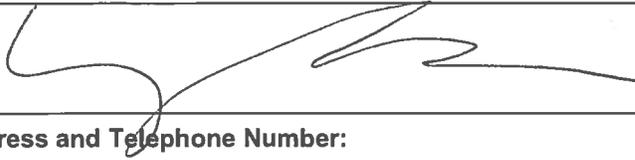
Program: National Hispanic Senior Medicare Patrol

Grant No. 90MP016001

Amount: \$640,000

Grant Recipient: National Hispanic Council on Aging

7. Signature:



8. Business Address and Telephone Number:

Address: 734 15th St. NW, Suite 1050
Washington, DC 20005

Phone: 202-347-9733

Please attach a copy of this form to your written testimony.