

**Subcommittee on
Labor, Health and Human Services, Education,
and Related Agencies**

Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

Joyce M. Knestrick

AANP Office of Government Affairs

225 Reinekers Lane, Suite 525 Alexandria, VA 22314

703-740-2529

1. Are you appearing on behalf of yourself or a non-governmental organization? **NGO**
Please list organization(s) you are representing.

American Association of Nurse Practitioners

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2012 related to the agencies or programs funded by the Subcommittee?

Yes

No

3. Have you or any organization you are representing received any contracts or payments originating with a foreign government since October 1, 2012 related to the agencies or programs funded by the Subcommittee?

Yes

No

4. If your response to question #2 and/or #3 is "Yes", please list the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof), and/or the amount and country of origin of any payment or contract originating with a foreign government. Please also indicate whether the recipient was you or the organization(s) you are representing.

Please see attached sheet

Signature:



Date: **April 23, 2018**

4. If your response to question #2 and/or #3 is "Yes", please list the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof), and/or the amount and country of origin of any payment or contract originating with a foreign government. Please also indicate whether the recipient was you or the organization(s) you are representing.

- **Amount: \$5,000**
Grantor: DHHS/OASH/OMH
Grant: FY17 National Lupus Outreach and Clinical Trial Education Program
Grant #: 1 CPIMP171138-01-00
CFDA #: 93.137
Recipient: American Association of Nurse Practitioners

- **Amount: \$573,699**
Grantor: DHHS/CMS
Grant: Transforming Clinical Practice Initiative (TCPI) Support and Alignment Network (SAN)
FOA: CMS-1L1-15-002
CFDA #: 93.639
Recipient: American Association of Nurse Practitioners