

Please be sure to provide an answer for every question even if the answer is N/A

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: Education and Labor

Subcommittee: Higher Education and Workforce Investment

Hearing Date: March 4, 2020

Hearing Title :

Reauthorizing the National Apprenticeship Act: Strengthening and Growing Apprenticeships for the 21st Century

Witness Name: Daniel Bustillo

Position/Title: Executive Director, Healthcare Career Advancement Program (H-CAP)

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:

H-CAP, Executive Director
H-CAP Education Association, Vice President
National Center for Healthcare Apprenticeships, Director

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

DOL-ETA-16-C-0095, National Industry Intermediary Contractor in Healthcare with U.S. DOL: \$1,579,625.28 (current year), \$1,202,060.60 (last year)
Recent awardee Apprenticeships Closing the Skills Gap FOA-ETA-19-09 (4 years/\$4 million)

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.*

N/A