Committee on Ways and Means  
Required by House Rule XI, Clause 2(g)

Your Name: David C. Grabowski

1. Are you testifying on behalf of a Federal, State, or Local Government entity?  
   a. Name of entity(ies).
      Yes ☐ No ☒
   b. Briefly describe the capacity in which you represent this entity.

2. Are you testifying on behalf of any non-governmental entity(ies)?  
   a. Name of entity(ies).
      Yes ☐ No ☒
   b. Briefly describe the capacity in which you represent this entity.

3. Please list any Federal grants or contracts (including subgrants or subcontracts) which you have received during the current fiscal year or either of the two previous fiscal years that are related to the subject matter of the hearing:

   1R01AG047194-01 (Grabowski) 02/15/15-01/31/18  
   NIA  
   Specialization in Nursing Home Care  
   Role: Principal Investigator

   P01AG032952 (Newhouse) 07/01/15-03/31/20  
   NIH/NIA  
   Medicare in a Restructured Delivery System  
   Role: Project Leader

   P01AG027296 (Mor) 02/15/14-01/31/19  
   NIA  
   Changing Long Term Care in America: Policies, Markets, Strategies, and Outcomes  
   Role: Co-Investigator

4. Please list any grants, contracts, or payments originating from foreign governments which you have received during the current calendar year or either of the two previous calendar years that are related to the subject matter of the hearing:

5. Please list any offices or elected positions you hold.

6. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?  
   Yes ☐ No ☐