

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

Your Name: Tamara L. Slater		
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"/> <input type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). Goodwill Industries of Greater NE., Inc  b. Briefly describe the capacity in which you represent this entity. Chief Executive Officer	Yes <input checked="" type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>
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: Attached		
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: NONE		
5. Please list any offices or elected positions you hold. NONE		
6. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing? Goodwill Industries International, Inc.	Yes <input checked="" type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>
7. 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.  Attached		
8. Please list any grants, contracts, or payments originating from foreign governments which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years related to the subject matter of the hearing. Include the source and amount of each grant or contract. Attach a second page if necessary. NONE		

Single Audit and Major Program Determination Worksheet

**Direct Federal Funds**

Name of Agency or Department	CFDA or Other No.	Name of Program	Name of Grant	Award amount
HHS	93.958	Block Grants for Community Mental Health Services	Region 3	\$ 89,843
HHS	93.15	Project for Assistance in Transition for Homelessness	Region 3	\$ 11,333
HHS	93.912	Rural Health Care Services Outreach, rural Health Network Development and Small Health Care provider Quality Improvement Program	Region 3	\$ 1,163
HUD	14.181	Supported Housing for Persons with Disabilities - Section 811	Housing I Housing II GNIH	\$ 20,920 \$ 23,764 \$ 214,808
Department of Transportation		Section 5310- Project	NDOR	\$ 39,760
USDA	10.558	Child and Adult Care Food program	Commodities	\$ 49,949 \$ 2,425

**Subcontract awards of Federal and State Dollars**

Vocational Rehab				\$ 599,609
DHHS				\$ 4,030,241
Region 3				\$ 964,264
Region 2				\$ 260,045
Social Security Administration				\$ 19,687

Total All Funds

\$ 6,327,811