

# SF424 - Disclosure of Lobbying Activities

## Federal Action Info

**▼ Federal Action Info**

\* 1. Type of Federal Action

Contract

\* 2. Status of Federal Action

Bid/Offer/Application

\* 3. Report Type

Initial Filing

For Material Change Only

Year

Quarter

Date Of Last Report

1. Type of Federal Action – select the appropriate type from the drop-down. Refer for Funding Opportunity guidelines.  
If unsure, select Grant.
2. Status of Federal Action – select Bid/Offer Application for proposals.
3. Report Type- select Initial Filing for proposals.

## Reporting Entity

▼ Reporting Entity

\* 4. Name and Address of Reporting Entity

☒ Prime

☐ SubAwardee

[Clear](#)

Tier if known

\* Name

Purdue University

\* Street 1

2550 Northwestern Ave, Suite 1900

Street 2

\* City

West Lafayette

State

IN: Indiana ▼

Zip

47960-1332

Congressional District, if known

IN-004

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime

Name

Street 1

4. Name and Address of Reporting – select “Prime” if Purdue is the lead entity.

Complete the Name, Street, City, State, Zip and Congressional District for Purdue University.

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime – complete only if Purdue is a Subawardee.

## Federal Information

▼ Federal Information	
* 6. Federal Department/Agency	<input type="text" value="Office of Naval Research"/>
7. Federal Program	
Name/Description	<input type="text"/>
CFDA Number, if applicable	<input type="text"/>
8. Federal Action Number, if known	<input type="text"/>
9. Award Amount, if known \$	<input type="text"/>

6. Federal Department/Agency – Enter the name of the Federal Sponsor proposal is being submitted to.

7. - 9. – Not Required

## Lobbying Registrant

**▼Lobbying Registrant**

10. a. Name and Address of Lobbying Registrant

Prefix

\* First Name

Middle Name

\* Last Name

Suffix

Street 1

Street 2

City

State

Zip

10.a. First Name: NA

Last Name: NA

10.b. Select "Add" to complete the Individual Performing Services form.

b. Individual Performing Services (including address if different from No. 10a)

Last Name	First Name
<input type="button" value="+ Add"/>	
<input type="button" value="Update"/> NA	NA

## Individual Performing Services

**Add SF424\_Individual**

Prefix

\* First Name

Middle Name

\* Last Name

Suffix

☐ Has a different address than the Lobbying Registrant (10a)?

Street 1

Street 2

City

State

Zip

First Name: NA

Last Name: NA

## Signature

▼ Signature

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature  
Completed on submission to Grants.gov.

Name

Prefix

\* First Name

Middle Name

\* Last Name

Suffix

Title

Telephone No.

Date  
Completed on submission to Grants.gov.

Complete the First Name, Last Name, Title and Telephone No. for Amanda Hamaker.

# Example of Completed Disclosure of Lobbying Activities Form

OMB Number: 4040-0013  
Expiration Date: 02/28/2025

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year      quarter date of last report
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee      Tier, if known: * Name      Purdue University * Street 1      2550 Northwestern Ave      Street 2      Suite 1900 * City      West Lafayette      State      IN: Indiana      Zip      47906-1332 Congressional District, if known:      IN-004		
<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b> * Name * Street 1      Street 2: * City      State      Zip Congressional District, if known:		
<b>6. * Federal Department/Agency</b> Enter Sponsor	<b>7. * Federal Program Name/Description</b> Enter Program Name CFDA Number, if applicable:      Enter CFDA	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix      * First Name      N/A      Middle Name * Last Name      N/A      Suffix * Street 1      Street 2: * City      State      Zip		
<b>b. Individual Performing Services</b> (including address if different from No. 10a)		
<b>Individual 1</b> Prefix      * First Name      N/A      Middle Name * Last Name      N/A      Suffix * Street 1      Street 2 * City      State      Zip		
<b>Individual 2</b> Prefix      * First Name      Middle Name * Last Name      Suffix * Street 1      Street 2 * City      State      Zip		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b> <b>* Signature:</b> Completed on submission to Grants.gov * Name:      Prefix      * First Name      Amanda      Middle Name * Last Name      Hamaker      Suffix Title:      Director, Pre-Award      Telephone No.:      7654548204      Date:      Completed on submission to Grants.gov Federal Use Only:      Authorized for Local Reproduction Standard Form - LLL (Rev. 7-87)		