

## 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>* Signatures:</b> Completed on submission to Grants.gov * Name:      Prefix      * First Name      Amanda      Middle Name * Last Name      Hamaker      Suffix Title:      Director, Pre-Award      Telephone No.:      7654194204      Date:      Completed on submission to Grants.gov					
<b>Federal Use Only:</b> Authorized for Local Reproduction Standard Form - U.S. GSA FPMR					