

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Control Number: 4040-0013

Expiration Date: 2/28/2025

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

Review Public Burden Disclosure Statement

1. * Type of Federal Action: <p> <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 </p>	2. * Status of Federal Action: <p> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award </p>	3. * Report Type: <p> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change </p>
4. Name and Address of Reporting Entity: <p> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee </p> <p> * Name <input type="text" value="Dept. of Public Health and Social Services, Guam WIC Program"/> * Street 1 <input type="text" value="15-1600 Mariner Avenue"/> Street 2 <input type="text"/> * City <input type="text" value="Barrigada"/> State <input type="text" value="GU: Guam"/> Zip <input type="text" value="96913"/> Congressional District, if known: <input type="text"/> </p>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <p><input type="text"/></p>		
6. * Federal Department/Agency: <p><input type="text" value="USDA Food Nutrition Services"/></p>		
7. * Federal Program Name/Description: <p><input type="text" value="Special Supplemental Nutrition Program for Women Infants and Children (WIC)"/></p>		
8. Federal Action Number, if known: <p><input type="text"/></p>		
9. Award Amount, if known: <p>\$ <input type="text"/></p>		
10. a. Name and Address of Lobbying Registrant: <p> Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/> </p>		
b. Individual Performing Services (including address if different from No. 10a)		
<p> Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/> </p>		
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: 		
*Name: Prefix <input type="text" value="MRS."/> * First Name <input type="text" value="THERESA"/> Middle Name <input type="text" value="C."/> * Last Name <input type="text" value="ARRIOLA"/> Suffix <input type="text"/>		
Title: <input type="text" value="DIRECTOR, DPHSS"/> Telephone No.: <input type="text" value="(671) 9222504"/> Date: 		
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