

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: <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	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:
☒ Prime ☐ SubAwardee
 * Name: Dept. of Public Health and Social Services, Guam WIC Program
 * Street 1: 15-1600 Mariner Avenue Street 2: _____
 * City: Barrigada State: GU: Guam Zip: 96913
 Congressional District, if known: _____

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

6. * Federal Department/Agency: <u>USDA Food Nutrition Services</u>	7. * Federal Program Name/Description: <u>Special Supplemental Nutrition Program for Women Infants and Children (WIC)</u> CFDA Number, if applicable: <u>10.557</u>
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____

10. a. Name and Address of Lobbying Registrant:
 Prefix: _____ * First Name: N/A Middle Name: _____
 * Last Name: N/A Suffix: _____
 * Street 1: _____ Street 2: _____
 * City: _____ State: _____ Zip: _____

b. Individual Performing Services (including address if different from No. 10a)
 Prefix: _____ * First Name: N/A Middle Name: _____
 * Last Name: N/A Suffix: _____
 * Street 1: _____ Street 2: _____
 * City: _____ State: _____ Zip: _____

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: [Signature]
 * Name: Prefix: MRS. * First Name: THERESA Middle Name: C.
 * Last Name: ARRIOLA Suffix: _____
 Title: DIRECTOR, DPHSS Telephone No.: (671) 9222504 Date: 06/18/2005

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