

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

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
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Pinellas County Board of County Commissioners * Street 1: c/o Office of Management and Budget * Street 2: 14 S. Ft. Harrison Ave, 5th Floor * City: Clearwater * State: Florida * Zip: 33756 Congressional District, if known: FL-013		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: Substance Abuse and Mental Health Services Administration	7. * Federal Program Name/Description: Treatment for Individuals Experiencing Homelessness CFDA Number, if applicable: 93.243	
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: Completed on submission to Grants.gov * Name: Prefix: * First Name: Barry Middle Name: A. * Last Name: Burton Suffix: Title: County Administrator Telephone No.: 727-464-3596 Date: Completed on submission to Grants.gov		
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