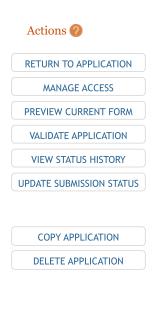
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Substance Abuse and Mental Health Services Projects of Regional and National Significance

CFDA Number, if applicable:

#### 8. FEDERAL ACTION NUMBER, IF KNOWN

Federal Action Number, if known:

## 9. AWARD AMOUNT, IF KNOWN

Award Amount, if known:

#### 10. A. NAME AND ADDRESS OF LOBBYING REGISTRANT

Prefix: \*First Name: N/A Middle Name:

\* Last Name!/A Suffix:

\* Street 1: Street 2:

\* City: State: Zip:

### 10. B. INDIVIDUAL PERFORMING SERVICES

# 11. SIGNATURE

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: Karen Middle Name:

\* Last NameYetchum Suffix:

Title: Director, Human Services Telephone No.: Date: 03/18/2024