DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB 4040-0013

a contract b. grant c. cooperative agreement d. loan c. cooperative agreement d. loan e. loan guarantee f. loan insurance 4. Name and Address of Reporting Entity: Prime Subtwardse Subtwardse State State Street State Street Stre	e of Federal Action: 2	2. * Status of Federal Action:		3. * Report Type:			
b. grant c. cooperative agreement d. loan c. post-award d. loan d. loan e. loan guarantee f. loan insurance d. loan guarantee f. loan insurance d. loan guarantee f. loan insurance d. Name and Address of Reporting Entity: Prime SubAwardsee Street		[
c. cooperative agreement d. loan e. loan guarantee f. loan insurance	grant						
a. loan guarantee f. loan insurance	cooperative agreement						
Street State State FL: Florida Zip 33756	loan	<u> </u>					
4. Name and Address of Reporting Entity: Frim	loan guarantee						
Prime	loan insurance						
*Name Finellas County Board of County Commissioners *Street 1 315 Court Street *City Clearwater State FL: Florida Zip 33756 *Congressional District, if known: 5. If Reporting Entity in No.4 is Subawardoe, Zinter Warre and Address of Prime: T.* Federal Program Name/Description:		ity:	'				
*Street 1 *Street 1 *Street 1 *City Clearwater State FL: Florida Zip 33756 *Congressional District, if known: 6. **Federal Department/Agency: Bureau of Justice Assistance 7. *Federal Program Name/Description: Drug Court Discretionary Grant Program CFDA Number, if applicable: 16.585 8. Federal Action Number, if known: 9. Award Amount, if known: 10. a. Name and Address of Lobbying Registrant: Prefix **First Name** N/A Sumx** *Lest Name** N/A Sumx** *Lest Name** N/A Sumx** *Lest Name** N/A Sumx** *Lest Name** *Lest Name** *Lest Name** **Initial Court Street* Street 2 7. *Federal Program Name/Description: Drug Court Discretionary Grant Program CFDA Number, if applicable: 16.585 9. Award Amount, if known: \$ Use Name** **Lest N	ime SubAwardee						
**City Clearwater State State Florida Zip 33756 Congressional District, if known: 5. If Reporting Entity in No. 4 is Subawardee, Enter Warne and Address of Prime: 7. * Federal Program Name/Description: Drug Court Discretionary Grant Program	Pinellas County Board of County Commis	ioners					
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10. a. Name and Address of Lobbying Registrant: Prefix First Name N/A Middle Name *Lest Name N/A Suffix							
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b. Individual Performing Services (including address if different from No. 10a)		•	ta Nama				
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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 report 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.	vas placed by the tier above when the transaction w ress semi-annually and will be available for public ir	as made or entered into. This dis-	closure is required pursua	int to 31 U.S.C. 1352. This information	will be reported to		
Signature: Completed on submission to Grants.gov	Completed on submission to Grants.go						
*Name: Prefix Mr. *First Name Mark Middle Name	Prefix Mr. *First Name Max		Middle Name		\neg $ $		
*Last Name Noodard Suffix	*Last Name Woodard		Suffix				
Title: County Administrator Telephone No.: Date: Completed on submission to Gran	Administrator	Telephone No.:		Date: Completed on submission	on to Grants.gov		
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