

Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)*, of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Education and Labor

Subcommittee: Civil Rights and Human Services

Hearing Date: March 26, 2019

Hearing Title :

"Strengthening Prevention and Treatment of Child Abuse and Neglect"

Witness Name: Brad Thomas

Position/Title: CEO

Witness Type: Governmental Non-governmental

Are you representing yourself or an organization? Self Organization

If you are representing an organization, please list what entity or entities you are representing:

Triple P America, Inc.

If you are a **non-governmental witness**, please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant or contract. *If necessary, attach additional sheet(s) to provide more information.*

Funds received from our partner agencies can come from various sources and we are not always aware of the source. TPA does not receive any direct CB-CAP subgrants from our clients. To the best of my actual knowledge, CB-CAP funds have been used by two of our partner agencies to fund Triple P training, in full or in part. Those two clients are Children's Trust of South Carolina and Wisconsin Child Abuse and Neglect Prevention Board where the total received by each in calendar years 17, 18 and 19 is \$113,937.80 and \$139,035, respectively.

If you are a **non-governmental witness**, please list any contracts or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. *If necessary, attach additional sheet(s) to provide more information.*

N/A