## **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	Ø
Subcommittee: Civil Rights and Human Services	O
Hearing Date: March 26, 2019	
Hearing Title :	
"Strengthening Prevention and Treatment of Child Abuse and Neglect"	
Witness Name: LaCrisha Rose	
Position/Title: Facilitator, West Virginia Circle of Parents State Network	
Witness Type: O 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	ng:
N/A	
If you are a <u>non-governmental witness</u> , please list any federal grants or contracts (including subcontracts) related to the hearing's subject matter that you or the organization(s) you rep	
hearing received in the current calendar year and previous two calendar years. Include the	
amount of each grant or contract. If necessary, attach additional sheet(s) to provide more information	ion.
I have a contract with TEAM for WV Children (TEAM), a 501(c)3 private non-profit organization, to serve in my role a West Virginia Circle of Parents State Network. TEAM is a subgrantee recipient of CBCAP and CAPTA funds from the Virginia. These funds have supported implementation of Circle of Parents and other child abuse prevention program	ne State of West
In FY 2019 TEAM received: \$108,384 via CBCAP (CFDA #93-590) and \$68,407 via CAPTA (CFDA #93.669). In FY received: \$108,384 via CBCAP (CFDA #93-590) and \$68,407 via CAPTA (CFDA #93.669). In FY2017 TEAM received: CBCAP (CFDA #93-590) and \$68,407 via CAPTA (CFDA #93.669).	
If you are a <u>non-governmental witness</u> , please list any contracts or payments originating w	ith a foreign
government and related to the hearing's subject matter that you or the organization(s) you	
hearing received in the current year and previous two calendar years. Include the amount	
origin of each contract or payment. If necessary, attach additional sheet(s) to provide more inform	ation.
N/A	