

Please be sure to provide an answer for every question even if the answer is N/A

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: July 16, 2019

Hearing Title :

"Strengthening Federal Support to End Youth Homelessness."

Witness Name: Robert G. Lowery, Jr.

Position/Title: Vice President, Missing Children Division

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:

The National Center for Missing and Exploited Children

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.*

Department of Justice: \$28,338,000 (2018) and \$28,338,000 (2017)
Department of Justice (USSS Transfer): \$6,000,000 (2018) and \$6,000,000 (2017)
Department of Justice (Office of Victims of Crime): \$0 (2018) and \$500,000 (2017)
Department of Homeland Security/Customs: \$305,000 (2018) and \$305,000 (2017)
U.S. Marshals Service: \$898,827 (2018) and \$853,960 (2017)

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