

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB: 4040-0013


Expiration Date: 06/30/2028

COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT TO 31 U.S.C.1352

[LLL Instructions](#)

* Indicates a required field.

1. Type of Federal Action * <input type="text" value="b. grant"/>	2. Status of Federal Action * <input type="text" value="b. initial award"/>	3. Report Type * <input type="text" value="a. initial filing"/>
4. Name and Address of Reporting Entity: Name <input type="text" value="Fort Bend County"/> Street 1 <input type="text" value="301 Jackson St"/> Street 2 <input type="text"/> City <input type="text" value="Richmond"/> State <input type="text" value="Texas"/> Zip Code <input type="text" value="77469"/> - <input type="text" value="3108"/> Type <input type="text" value="Prime"/> Tier, if known <input type="text"/> Congressional District, if known: <input type="text" value="22"/>		5. If Reporting Entity in Number 4 is SubAwardee, Enter Name and Address of Prime: <input type="text"/>
6. Federal Department/Agency * <input type="text" value="ONDCP"/>	7. Federal Program Name/Description * <input type="text" value="HIDTA"/> CFDA Number, if applicable <input type="text" value="95.001"/>	
8. Federal Action Number, if known <input type="text"/>	9. Award Amount, if known <input type="text"/>	
10. a. Name and Address of Lobbying Registrant <small>(if individual, last name, first name, MI):</small> Registrant Type <input type="text" value="Individual"/> Prefix <input type="text" value="Please select or specify a prefix"/> First Name * <input type="text" value="N/A"/> Middle Initial <input type="text"/> Last Name * <input type="text" value="N/A"/> Suffix <input type="text"/> Street 1 <input type="text"/> Street 2 <input type="text"/> City <input type="text"/> State <input type="text" value="Please select a state"/> Zip Code <input type="text"/> - <input type="text"/>		b. Individual Performing Services <small>(including address if different from Number 10a.) (last name, first name, MI):</small> Prefix <input type="text" value="Please select or specify a prefix"/> First Name * <input type="text" value="N/A"/> Middle Initial <input type="text"/> Last Name * <input type="text" value="N/A"/> Suffix <input type="text"/> Street 1 <input type="text"/> Street 2 <input type="text"/> City <input type="text"/> State <input type="text" value="Please select a state"/> Zip Code <input type="text"/> - <input type="text"/>
<p>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 this transaction was made or entered into. This disclosure is required pursuant to 31 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.</p> Print Name Prefix <input type="text" value="Please select or specify a prefix"/> First Name * <input type="text" value="KP"/> Middle Name <input type="text"/>		

Last Name *	<input type="text" value="George"/>
Suffix	<input type="text"/>
Title	<input type="text"/>
Telephone Number	<input type="text" value="2813418608"/>
Signature *	<input type="text" value="Ameena Khan"/>
Date *	<input type="text" value="10/01/2024"/> 

Close

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