

COMMITTEE ON NATURAL RESOURCES
114th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g)(5)

“Funding Priorities for and the United States’ Responsibilities concerning Indians, Alaska Natives, and Insular Areas in the President’s FY 2016 Budget Request for the Bureau of Indian Affairs, Indian Health Service, Office of Insular Affairs, and Office of the Special Trustee for American Indians.”

March 18, 2015

For Individuals:

Name:
Address:
Email Address:
Phone Number:

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For Witnesses Representing Organizations:

Name: Yvette Roubideaux, M.D., M.P.H.
Name of Organization(s) You are Representing at the Hearing: Department of Health and Human Services
Business Address: 200 Independence Ave, SW, HHH Building, Room 600H.1, Washington, DC 20201
Business Email Address: [REDACTED]
Business Phone Number: 202-205-9165

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For Nongovernment Witnesses ONLY:

1. Please attach/include current curriculum vitae or resume.

2. Please list any federal grants or contracts (including subgrants or subcontracts) related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the source and amount of each grant or contract.

3. Please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the amount and country of origin of each contract or payment.