

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013

Expiration Date: 06/30/2028

1. * Type of Federal Action: ☐ a. contract ☒ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	2. * Status of Federal Action: ☐ a. bid/offer/application ☒ b. initial award ☐ c. post-award	3. * Report Type: ☒ a. initial filing ☐ b. material change
--	--	--

4. Name and Address of Reporting Entity:

☒ Prime ☐ SubAwardee

* Name: Williamson County

* Street 1: 710 S. Main St. Street 2: Suite #301

* City: Georgetown State: Texas Zip: 78626

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: DOJ	7. * Federal Program Name/Description: Enhancing Juvenile Indigent Defense Assistance Listing Number, if applicable:
---	---

8. Federal Action Number, if known: 	9. Award Amount, if known: \$ 388,850
---	--

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name N/A Middle Name

* Last Name N/A Suffix

* Street 1: N/A Street 2:

* City: N/A State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name N/A Middle Name

* Last Name N/A Suffix

* Street 1: N/A Street 2:

* City: N/A State: Zip:

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 the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the 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.

*** Signature:** Completed on submission to Grants.gov

***Name:** Prefix * First Name Steve Middle Name

 * Last Name Snell Suffix

Title: County Judge **Telephone No.:** 512-943-1550 **Date:** Completed on submission to Grants.gov