Committee on Ways and Means
Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

Your Name: James Smith		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). The Vermont Agency of Human Services, Division of Vocational Rehabilitation b. Briefly describe the capacity in which you represent this entity. I am the Budget and Policy Manager and the deputy to the Division Director.	Yes ☒	No ☐
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). b. Briefly describe the capacity in which you represent this entity.	Yes ☐	No ☒
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years: Department of Education, Rehabilitation Services Administration, Title I Basic Vocational Rehabilitation Grant Department of Education, Rehabilitation Services Administration Title VI-B Supported Employment Grant Department of Education, Rehabilitation Services Administration, Independent Living Grant Department of Education, Rehabilitation Services Administration, Training Grant Department of Labor, Employment and Training Administration, Employment Focused Neuro-Resource Facilitation for Veterans with Traumatic Brain Injury Social Security Administration, Work Incentives Planning and Assistance Department of Health and Human Services, Medicaid Infrastructure Grant Social Security Administration Benefit Offset National Demonstration, Subcontract through ABT Associates and the University of Massachusetts. Social Security Administration, Benefit Offset Pilot		
4. Please list any offices or elected positions you hold. None		
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?	Yes ☐	No ☒