

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

|  |                                 |   |
|--|---------------------------------|---|
| <b>Your Name: Tina M. Willauer, MPA</b>  |                                 |   |
| <p>1. Are you testifying on behalf of a Federal, State, or Local Government entity?</p> <p style="margin-left: 20px;">a. Name of entity(ies).<br/> <b>I am a contracted employee for the Kentucky Cabinet for Health and Family Services, Department for Community Based Services. But I am NOT testifying on behalf of the agency.</b></p> <p style="margin-left: 20px;">b. Briefly describe the capacity in which you represent this entity.<br/> <b>I am the Director of the Sobriety Treatment and Recovery Teams (START) program which is housed and administered by the KY Department of Community Based Services.</b></p> | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| <p>2. Are you testifying on behalf of any non-governmental entity(ies)?</p> <p style="margin-left: 20px;">a. Name of entity(ies).</p> <p style="margin-left: 20px;">b. Briefly describe the capacity in which you represent this entity.</p>   | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| <p>3. Please list any Federal grants or contracts (including subgrants or subcontracts) which you have received during the current fiscal year or either of the two previous fiscal years that are related to the subject matter of the hearing:<br/> <b>KY START has been the recipient of two federal Regional Partnership Grants (RPG) in 2007 and 2012. Our current RPG grant from 2012 will end in 2017.</b></p>  |                                 |   |
| <p>4. Please list any grants, contracts, or payments originating from foreign governments which you have received during the current calendar year or either of the two previous calendar years that are related to the subject matter of the hearing: <b>None</b></p>   |                                 |   |
| <p>5. Please list any offices or elected positions you hold. <b>None</b></p>   |                                 |   |
| <p>6. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?</p>  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |