

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

Your Name: **David C. Grabowski**

<p>1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies).</p> <p>b. Briefly describe the capacity in which you represent this entity.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
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<p>2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies).</p> <p>b. Briefly describe the capacity in which you represent this entity.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
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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:

1R01AG047194-01 (Grabowski) NIA Specialization in Nursing Home Care	02/15/15-01/31/18 Role: Principal Investigator
P01AG032952 (Newhouse) NIH/NIA Medicare in a Restructured Delivery System	07/01/15-03/31/20 Role: Project Leader
P01AG027296 (Mor) NIA Changing Long Term Care in America: Policies, Markets, Strategies, and Outcomes	02/15/14-01/31/19 Role: Co-Investigator

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:

5. Please list any offices or elected positions you hold.

<p>6. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
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