

DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Prime <input checked="" type="checkbox"/> SubAwardee Tier if known: <input type="text" value="1"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Name <input type="text" value="Oregon State University"/></div><div style="flex: 1;">* Street 1 <input type="text" value="A312 Kerr Administration Building"/></div><div style="flex: 1;">Street 2 <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* City <input type="text" value="Corvallis"/></div><div style="flex: 1;">State <input type="text" value="OR: Oregon"/></div><div style="flex: 1;">Zip <input type="text" value="97331-2140"/></div></div> <div style="margin-top: 5px;">Congressional District, if known: <input type="text" value="OR-004"/></div>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Name <div style="background-color: yellow; border: 1px solid red; height: 1.2em;"></div></div><div style="flex: 1;">* Street 1 <div style="background-color: yellow; border: 1px solid red; height: 1.2em;"></div></div><div style="flex: 1;">Street 2 <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* City <div style="background-color: yellow; border: 1px solid red; height: 1.2em;"></div></div><div style="flex: 1;">State <input type="text" value="OR: Oregon"/></div><div style="flex: 1;">Zip <input type="text"/></div></div> <div style="margin-top: 5px;">Congressional District, if known: <input type="text"/></div>		
6. * Federal Department/Agency: <input type="text" value="Department of Energy"/>	7. * Federal Program Name/Description: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">IIJA Grid Resilience and Innovative Partnerships (GRIP) Topic Area 2 Smart Grid Grants, DE-FOA-0002740 (40107)</div> <div style="margin-top: 5px;">CFDA Number, if applicable: <input type="text" value="81.254"/></div>	
8. Federal Action Number, if known: <input type="text" value="DE-FOA-0002740"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">Prefix <input type="text"/></div><div style="flex: 1;">* First Name <input type="text" value="n/a"/></div><div style="flex: 1;">Middle Name <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Last Name <input type="text" value="n/a"/></div><div style="flex: 1;">Suffix <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Street 1 <input type="text"/></div><div style="flex: 1;">Street 2 <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* City <input type="text"/></div><div style="flex: 1;">State <input type="text"/></div><div style="flex: 1;">Zip <input type="text"/></div></div>		
b. Individual Performing Services (including address if different from No. 10a) <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">Prefix <input type="text"/></div><div style="flex: 1;">* First Name <input type="text" value="n/a"/></div><div style="flex: 1;">Middle Name <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Last Name <input type="text" value="n/a"/></div><div style="flex: 1;">Suffix <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Street 1 <input type="text"/></div><div style="flex: 1;">Street 2 <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* City <input type="text"/></div><div style="flex: 1;">State <input type="text"/></div><div style="flex: 1;">Zip <input type="text"/></div></div>		
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. <div style="margin-top: 10px;">* Signature: <div style="border: 1px solid red; background-color: yellow; padding: 2px; display: inline-block;"><i>Mindi Woods</i></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Name: Prefix <input type="text"/></div><div style="flex: 1;">* First Name <input type="text" value="acting for: Jennifer"/></div><div style="flex: 1;">Middle Name <input type="text"/></div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1;">* Last Name <input type="text" value="Creighton"/></div><div style="flex: 1;">Suffix <input type="text"/></div></div> <div style="display: flex; margin-top: 10px;"><div style="flex: 1;">Title: <input type="text" value="Associate Vice President for Research Adminis"/></div><div style="flex: 1;">Telephone No.: <input type="text" value="541-737-4933"/></div><div style="flex: 1;">Date: <div style="border: 1px solid red; background-color: yellow; padding: 2px; display: inline-block;">03/13/2023</div></div></div>		
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