## 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:	2. * Status of Federal Action:	3. * Report Type:
a. contract	X a. bid/offer/application	a. initial filing
b. grant	b. initial award	b. material change
c. cooperative agreement	c. post-award	
d. loan		
e. loan guarantee		
f. loan insurance		
4. Name and Address of Reporting	Entity:	
Prime SubAwardee		
*Name Hocking County Regional Planning		
* Street 1 93 W. Hunter Street Street 2		
* 0:4	State	Zip 42420
Logan	State Ohio	<sup>2#</sup> 43138
Congressional District, if known:		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency:	7. * Federal P	rogram Name/Description:
U.S. Department of Housing and Urban Development 14-850		
	CFDA Number, if ap	plicable:
8. Federal Action Number, if known:		ount, if known:
	\$	
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10. a. Name and Address of Lobbying Registrant:		
Prefix * First Name Middle Name		
* Last Name Hocking County Regional Planning does not engage in lobbying activities Suffix		
* Street 1 Street 2		
* City	State	Zip
b. Individual Performing Services (including address if different from No. 10a)		
Prefix * First Name N/A	Middle Name	
* Last Name	Suffix	
* Street 1	Street 2	]
* City	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	e Audie Mide	lle Name
*Last Name Wykle		Suffix
Title: Director of Regional Plannir	ng Telephone No.: 740-380-963	4 Date: Completed on submission to Grants.gov
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