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	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	Littly.	
* Name		
Collin of County		
* Street 1 2300 Bloomdale Rd	Street 2 Suite 3100	
* City McKinney	State TX: Texas	Zip 75071-8517
Congressional District, if known: TX003		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: 7. * Federal Program Name/Description:		
U.S. Department of Justice, COPS Office	FY2023 Law Enfor Implementation F	cement Mental Health and Wellness Act (LEMHWA)
CFDA Number, if applicable: 16.710		
8. Federal Action Number, if known: 9. Award Amount, if known:		
\$ S. Award Amount, if Arrown.		
	^{\$}	
10. a. Name and Address of Lobbying Registrant:		
Prefix * First Name NA Middle Name		
* Last Name Suffix		
NA NA Street 1		
* Street 1 NA	Street 2	
* City NA	State	Zip
b. Individual Performing Services (including address if different from No. 10a)		
Prefix * First Name NA Middle Name		
* Last Name	Suffix	
* Street 1 Street 2		
* Citv	State	Zip
NA		
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.gove		
*Name: Prefix Mr. *First Nam	e Chris Mid	dle Name
* Last Name		Suffix
	Talambara Na a	Deta: 04/14/2000
Title: County Judge Telephone No.: 972-548-4632 Date: 04/14/2023		
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