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

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1. * Type of Federal Action:	2. * Status of Feder	
a. contract	a. bid/offer/applicat	tion 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		
100 10000000000000000000000000000000000		
4. Name and Address of Reporting	Entity:	
Prime SubAwardee		
* Name		
Brevard County		
* Street 1 2725 Judge Fran Jamieson Way	S	Street 2
* City	State	Zip 20010 CCO5
Viera	FL: Florida	32940-6605
Congressional District, if known: FL-008		
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		Edward Byrne Memorial Justice Assistance Grant Program
0.5. Department of oddition		banara byrne nemorrar odocroe noorocano orano rrogram
		OFFICA Number 15 and Facilities 11 of 700
		CFDA Number, if applicable: 16.738
8. Federal Action Number, if known: 9. Award Amount, if known:		
\$ 41,758.00		
		•
10. a. Name and Address of Lobbying Registrant:		
\$50. Sept. 600		
Prefix **First Name Stephen Middle Name		
* Last Name		Suffix
Crisafulli		
*Street 1 Street 2 Street 2		
*City Merritt Island	State FL: Florida	Zip 32953
b. Individual Performing Services (including address if different from No. 10a)		
Prefix *First Name Stephen Middle Name		
*Last Name Cristafulli Suffix		
*Street 1 Street 2		
30000		0.0001 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		
Completed on Sability 2011 to Sta		
*Name: Prefix *First Name	Jason	Middle Name
* Last Name		Suffix
Steele		
Title: Brevard County Commissioner-District	Telephone No.:	321-253-6611 Date: Completed on submission to Grants.gov
Today of the state		
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