U.S. House of Representatives Committee on Ethics

NON-GRANTMAKING TRIP SPONSOR FORM

This form should be completed by a private individual or entity that provides funds, services, or in-kind donations to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. A Non-Grantmaking Sponsor that has a direct involvement in planning, organizing, conducting, or participating in the trip must complete this form. **Provide a copy of your completed form to the primary sponsor of the trip**.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1.	Name of your organization:
2.	Name of Primary Trip Sponsor:
3.	My organization has provided funds to the above-named Primary Trip Sponsor to pay all or part of the expenses for a trip to (destination)
	on (date) that primarily is being organized or arranged by the
	above-named Primary Trip Sponsor. □ Yes □ No
4.	My organization has had a direct role in the organizing, planning, arranging, or will have a role in conducting, the trip identified in response to Question 3 or an event that will occur during that trip. \square Yes \square No
5.	 Check one: a. □ My organization does not employ or retain a registered federal lobbyist or foreign agent <u>or</u> b. □ My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was <i>de minimis</i> under the travel regulations.
6.	I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip. \Box
7.	I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.
	Signature:
	Name: Title:
	Organization:
	Address:
	Telephone number:
	Email Address:
If t	here are any questions regarding this form please contact the Committee at the following address:
	Committee on Ethics U.S. House of Representatives 1015 Longworth House Office Building Washington, DC 20515 (202) 225-7103 (phone)
	(202) 225-7392 (general fax)