

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB (4040-0013) | Expiration Date: 06/30/2028

This document serves as an editable template for the Standard Form LLL (SF-LLL). It contains interactive form elements, check-boxes, and structured field inputs so that offerors can easily edit, fill out, and save the form locally prior to submitting within PIEE or other government procurement platforms.

1. Type of Federal Action: (Place an 'X' or checkmark next to the correct action type) ☐ a. Contract ☐ b. Grant ☐ c. Cooperative Agreement ☐ d. Loan ☐ e. Loan Guarantee ☐ f. Loan Insurance	2. Status of Federal Action: (Place an 'X' or checkmark next to the current status) ☐ a. Bid / Offer / Application ☐ b. Initial Award ☐ c. Post-Award
3. Report Type: (Place an 'X' or checkmark next to the report type) ☐ a. Initial Filing ☐ b. Material Change <i>For Material Change Only:</i> Enter Year: [] Enter Quarter: [] Date of Last Report (MM/DD/YYYY): []/[]/[]	
4. Name and Address of Reporting Entity: Identify Entity Role: ☐ Prime Contractor ☐ Subawardee (Tier level, if known: []) Company Legal Name: [] Street Address Line 1: [] Street Address Line 2: [] City / State / Zip Code: [] Congressional District (if known): []	
5. If Reporting Entity in Block 4 is Subawardee, Enter Name and Address of Prime: Prime Company Name: [] Street Address Line 1: [] Street Address Line 2: [] City / State / Zip Code: [] Congressional District (if known): []	

6. Federal Department or Agency: Agency Name: (e.g., Department of the Army, Defense Logistics Agency, Department of the Navy)	7. Federal Program Name/Description: Program Name / CFDA Number: **Assistance Listing Number, If applicable:
8. Federal Action Number (if known): Solicitation / RFP / Contract ID: (e.g., RFP-N00178-24-R-XXXX)	9. Award Amount (if known): Expected or Awarded Amount: \$
10. Lobbying Registrants & Individuals Performing Services: a. Name and Address of Lobbying Registrant: (If individual, provide: Last Name, First Name, MI. If registered organization, provide legal name & address) • Registrant / Org Name: • Registrant Address: b. Individuals Performing Services: (Provide names of key employees or external lobbyists who performed services; include address if different from 10a) • First Lobbyist Name: • Second Lobbyist Name:	
11. Certification & Execution: 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 this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information 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. Authorized Signature: Printed Name of Signatory: Professional Title: Telephone Number: Date of Execution:	

INSTRUCTIONS FOR COMPLETION OF SF-LLL

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report.

1. **Identify the type of covered Federal action** for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. **Identify the status of the covered Federal action.**
3. **Identify the appropriate classification of this report.** If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. **Enter the full name, address, city, State and zip code of the reporting entity.** Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. **If the organization filing the report in item 4 checks "Subawardee,"** then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. **Enter the name of the federal agency** making the award or contract commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, Federal Highway Administration.
7. **Enter the Federal program name** or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. **Enter the most applicable Federal identifying number** available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-89-001."
9. **For a covered Federal action where there has been an award** or contract commitment by the Federal agency, enter the Federal amount of the award/contract commitment for the prime entity identified in item 4 or 5.
10. **(a) Enter the full name, address, city, State and zip code of the lobbying registrant** under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. **The certifying official shall sign and date the form,** print his/her name, title, and telephone number.