

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

2008 MAR 18 PM 4:32

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed 4-32

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Department of Agriculture and Land Stewardship

Name of Department or Office _____
502 East 9th _____ Des Moines, IA 50319

Mailing Address _____
515-281-8611 _____ City, State, Zip Code

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse

Name _____
Same _____

Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____
Erinn.sprouse@IDALS.state.ia.us _____ 515-281-8611

Email Address _____ Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT:

USDA

Name _____

Western Region/2150 Centre Ave. Fort Collins, CO 80526

Mailing Address _____ City, State, Zip Code _____
970-494-7400 _____

Area Code & Telephone Number _____

Email Address (optional) _____

03/13/2008 \$ 38,300.00

Date of Gift, Bequest, or Grant _____ Amount/Value* _____

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

To provide Federal financial assistance to conduct surveillance activities and provide information to the USDA for Johne's Disease

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Erinn A. Sprouse
Signature

3-18-08
Date