

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

SEP 19 2006

Reset Form

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 _____
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 Inspections and Appeals	
Name of Department or Office	
321 E. 12th Street; Lucas Building 3rd Floor	Des Moines, Iowa 50319-0083
Mailing Address	City, State, Zip Code
515-281-5457	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Beverly Zylstra	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
beverly.zylstra@dia.state.ia.us	515-281-6442
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Department of Health & Human Services, Food & Drug Administration	
Name	
5600 Fishers Lane	Rockville, MD 20857
Mailing Address	City, State, Zip Code
301-827-2899	
Area Code & Telephone Number	
Email Address (optional)	

September 11, 2006	\$ 8,750.00
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:

Non-competing continuation grant for the State of Iowa Food Safety Task Force meetings, including a supplement for Task Force activities related to food defense.

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, Steven K. Young 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.


Signature

9/15/06
Date