

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

## 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:

<u>Iowa Department of Public Health</u> Name of Department or Office	
Mailing Address <u>321 E. 12<sup>th</sup> Street</u> Area Code & Telephone No. <u>_515-281-3104</u>	City, State, Zip Code <u>Des Moines, IA 50319-0075</u>

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

<u>Julie McMahon, Director, Division of Health Promotion and Chronic Disease Prevention</u> Name	
Mailing Address (if different from above) <u>jmcMahon@idph.state.ia.us</u>	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

<u>Centers for Disease Control and Prevention</u> Name	
<u>Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30334</u> Mailing Address	City, State, Zip Code
<u>770-488-2722</u> Area Code & Telephone Number	
_____ Email Address (optional)	

<u>_3/30/08</u>	<u>\$252,971</u>
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:  
Cooperative Agreement funding( DP722736-05W1) from the Centers for Disease Control and Prevention for the period of 3/30/08 – 3/29/09 in the amount of \$252,971. The funding will support public health activity as approved by the CDC for the Iowa Diabetes Prevention and Control Program. This funding is provided as a cost-extension to an existing cooperative agreement.

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, Jill Myers Geadelmann, 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.



5/8/08

Signature

Date