

## NOAA/OAR Travel Gift Questionnaire – October 10, 2014

Please provide the following information and any written correspondence with the donor.

1. Traveler's name, title, and office.
2. Name of the event.
3. Name of donor (ie., the person, company, or organization offering travel expenses).
4. Type of gift that the donor is providing (e.g., airfare , lodging  meals  other .
5. Value of the gift, if known.
6. Did a NOAA employee ask the donor to pay for your travel?      **Yes**       **No**
7. Dates of travel, location of event and departure city, if not traveling from the Washington, DC area.
8. Describe how your participation in the event supports NOAA's mission.
9. Has your supervisor determined that your attendance/participation in this event furthers NOAA's mission (including a determination that the entire dates of travel are reasonable and necessary to further NOAA's mission)?      **Yes**       **No**
10. Does the donor have any **contracts** with OAR?      **Yes**       **No**   
You may find this information on [www.usaspending.gov](http://www.usaspending.gov). To use the site:  
-click "Prime Award Advanced Search"  
-under "Basic Criteria" click "Contracts" and type in the name of the recipient  
-two spaces down, beside Department/Agency, click Commerce (code # 1300)  
-in the list that opens up, click the box beside NOAA
11. Does the donor have any **grants** with OAR?      **Yes**       **No**   
This information may be found online at:  
<https://grantsonline.rdc.noaa.gov/flows/publicSearch/begin.do>.  
Enter the name of the donor under "Recipient Name" and select OAR.
12. Does the donor have any controversial matters pending before the agency or whether there are any current hot-button issues involving the donor.      **Yes**       **No**
13. Describe any other special circumstances that may cause concern with the gift.

Upon review of the information above, the traveler and supervisor certify that this travel supports the OAR mission, falls within the traveler's official duties, and is free of any conflict of interest.

\_\_\_\_\_  
Traveler's Printed Name

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Traveler's Signature/Date

\_\_\_\_\_  
Supervisor's Signature/Date