

Pre-Proposal Conference Sign-in Sheet
K21-0040-25I Assessments for Trauma Response and Understanding

<p>Name: <u>Hong Jiang, Ph.D.</u></p> <p>Company: <u>JY Advisory LLC</u></p> <p>Address: <u>9413 Kentsdale Drive</u></p> <p>City: <u>Potomac</u></p> <p>State, Zip: <u>MD, 20854</u></p> <p>Office: _____ Cell: <u>703-963-4276</u></p> <p>E-mail: <u>hjiang@jy-advisory.com</u></p>	<p>Certified MBE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input type="checkbox"/> No</p> <p>Veteran Owned: Yes <input type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input type="checkbox"/> No</p>
<p>Name: <u>Carol Hagen, Ph.D.</u></p> <p>Company: <u>Westat</u></p> <p>Address: <u>1600 Research Blvd., RB 3146</u></p> <p>City: <u>Rockville</u></p> <p>State, Zip: <u>MD, 20850</u></p> <p>Office: <u>301-294-3877</u> Cell: _____</p> <p>E-mail: <u>CarolHagen@westat.com</u></p>	<p>Certified MBE: Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input type="checkbox"/> No</p> <p>Veteran Owned: Yes <input type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input type="checkbox"/> No</p>
<p>Name: <u>Joseph McKenna</u></p> <p>Company: <u>WestEd</u></p> <p>Address: <u>300 Unicorn Park, 5th Floor</u></p> <p>City: <u>Woburn</u></p> <p>State, Zip: <u>MA, 01810</u></p> <p>Office: <u>774-306-6177</u> Cell: _____</p> <p>E-mail: <u>jmckenn@wested.org</u></p>	<p>Certified MBE: Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input type="checkbox"/> No</p> <p>Veteran Owned: Yes <input type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input type="checkbox"/> No</p>
<p>Name: <u>Sarah Nadiv</u></p> <p>Company: <u>WestEd</u></p> <p>Address: <u>300 Unicorn Park, 5th Floor</u></p> <p>City: <u>Woburn</u></p> <p>State, Zip: <u>MA, 01810</u></p> <p>Office: <u>202-471-2482</u> Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input type="checkbox"/> No</p> <p>Veteran Owned: Yes <input type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input type="checkbox"/> No</p>

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<p>Name: <u>Erica Bostwick</u></p> <p>Company: <u>Prestige Consulting Solutions LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>404-857-6640</u> Cell: _____</p> <p>E-mail: <u>info@prestigeconsultingsolutions.com</u></p>	<p>Certified MBE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input checked="" type="checkbox"/> No</p> <p>Veteran Owned: Yes <input checked="" type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="checkbox"/> No</p>
<p>Name: <u>Kate Smith</u></p> <p>Company: <u>Public Consulting Group LLC</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>317-721-2932</u> Cell: _____</p> <p>E-mail: <u>katsmith@pcgus.com</u></p>	<p>Certified MBE: Yes <input checked="" type="checkbox"/> No</p> <p>Small Business: Yes <input checked="" type="checkbox"/> No</p> <p>Veteran Owned: Yes <input checked="" type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input checked="" type="checkbox"/> No</p>
<p>Name: <u>Alicia Summers</u></p> <p>Company: <u>Data Savvy Consulting</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>775-686-8545</u> Cell: _____</p> <p>E-mail: <u>alicia.d.summers@gmail.com</u></p>	<p>Certified MBE: Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input type="checkbox"/> No</p> <p>Veteran Owned: Yes <input type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input type="checkbox"/> No</p>
<p>Name: <u>Eva Klain</u></p> <p>Company: <u>Data Savvy Consulting</u></p> <p>Address: _____</p> <p>City: _____</p> <p>State, Zip: _____</p> <p>Office: <u>775-686-8545</u> Cell: _____</p> <p>E-mail: _____</p>	<p>Certified MBE: Yes <input type="checkbox"/> No</p> <p>Small Business: Yes <input type="checkbox"/> No</p> <p>Veteran Owned: Yes <input type="checkbox"/> No</p> <p>Veteran Owned Small Business: Yes <input type="checkbox"/> No</p>