

FFATA Procurement Reporting Form

Print Form

The Federal Funding Accounting and Transparency Act applies to this order and subsequently will require the following information:

Subrecipient Information

Subrecipient Legal Name:	<input style="width: 90%;" type="text"/>	Subrecipient DUNS Num:	<input style="width: 90%;" type="text"/>
Address of Entity:	<input style="width: 95%;" type="text"/>	Central Contractor Registration (CCR) number (if applicable):	<input style="width: 90%;" type="text"/>
Place of Performance Address:	<input style="width: 95%;" type="text"/>	North American Industry Classification Code (NAICS) (Contract):	<input style="width: 90%;" type="text"/>
		CFDA Number (grants):	<input style="width: 90%;" type="text"/>
		Congressional District ***:	<input style="width: 90%;" type="text"/>

***=The primary site where the work will be performed*

****=If you are unsure of your congressional district, please visit:
<https://writerep.house.gov/writerep/welcome.shtml>*

- 1) In the previous tax year, did your company have gross income, from all sources, under \$300,000?
YES **STOP** (Proceed to certification statement at the bottom of the form)
NO **PROCEED TO QUESTION 2.**

- 2) In the preceding fiscal year, did your company receive 80 percent or more of its annual gross revenues from Federal contracts, loans, grants and cooperative agreements, and \$25,000,000 or more in annual gross revenues from Federal contracts, loans, grants and cooperative agreements?
YES **PROCEED TO QUESTION 3.**
NO **STOP** (Proceed to certification statement at the bottom of the form)

- 3) Does the public have access to information about the compensation of your company executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code.
YES **STOP** (Proceed to certification statement at the bottom of the form)
NO **PROVIDE THE COMPENSATION INFORMATION REQUESTED BELOW**

Names and total compensation of your five most highly compensated executives for the calendar year in which the order is awarded. For further details, see Federal Acquisition Regulation 52.204-10 at www.acquisition.gov

Name		Compensation
Officer 1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Officer 2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Officer 3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Officer 4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Officer 5	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

NOTE: Information provided will be made available to the public; the public may view first-tier subcontract award data at <http://usaspending.gov>

I certify that the above information is accurate and complete.

Signature	<input style="width: 90%;" type="text"/>
Telephone	Date <input style="width: 90%;" type="text"/>
	Email <input style="width: 90%;" type="text"/>