



# YAVAPAI COUNTY

## FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)

<b>Subawardee Information</b>		
Legal Name of Entity Receiving Subaward:		
Address Associated with DUNS # (include congressional district):		
City:	State:	Zip + 4
UEI #:		
<b>Award Information</b>		
CFDA program number:	Program Source:	Subaward Amount
Place of Performance (including congressional district):		
Subaward Project Description:		
Purchase Order #:	Subaward Date	

In the preceding fiscal year did your organization:

- a. Receive 80% or more of annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and**
- b. \$25,000 or more in annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and**
- c. The public does not have access to information about the compensation of the executives through periodic reports filed with the IRS or the Security and Exchange commission per 2 CFR Part 170.330.

NO. Skip to Signature block. Sign, date and return.

YES. You must report the following information for the five (5) most highly compensated executives\* in your organization. Sign, date and return.

	Name of Official	Position Title	Total Compensation Amount*
1			
2			
3			
4			
5			

\* Note:

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executive during the sub-recipient's past fiscal year and includes salary and bonus, awards of stock, stock options, and stock appreciation rights, earnings for services under non-equity incentive plans, change in pension value, above market earnings on deferred compensation which is not tax-qualified, and other compensation, if the aggregate value of all such other compensation for the executive exceeds \$10,000.(For more information, see 17 CFR 229.402 (C)(2)).

**By signing this document, the Authorized Representative attests to the information above.**

Signature of Authorized Representative	Date
Print Name and Title	

Please sign and return this document with the signed agreement. Yavapai county will not pay any invoices until it receives this completed and signed form.