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|  **FFATA REPORTING FORM**  |
| The Federal Funding Accountability and Transparency Act (FFATA) intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires that information on federal awards (federal financial assistance and expenditures) be made public via a single, searchable website. Federal awards include grants, sub‐grants, loans, awards, cooperative agreements, and other forms of financial assistance, as well as contracts, subcontracts, purchase orders, task orders and delivery orders. The legislation does not require inclusion of individual transactions below $25,000. |
| **In accordance with FFATA, subrecipients are required to report the information provided on this form in order to receive funding.** **The Federal Grantor, CFDA Number and Name, and Federal Award Identification Number are located in the “Federal Award Information “section of the MOA.** **Please answer each question in its entirety and return to the following email address: *curtis.smith@vdh.virginia.gov*** |
| **Subrecipient receiving award** |  |
| **DUNS number + Four (required)** |   |
| **State Funding agency** |  **Virginia Department of Health** |
|  **Federal Grantor** |  |
| **CFDA Number and Name** |   |
| **Federal Award Identification Number** |  |
| **Federal Award Date** |  |
| **Location of funded agency to include city, state, ZIP + Four, and congressional district?** |  |
| **Fiscal or Financial Officer contact telephone number and email address?** |  |
| **Place of performance if different from above location?** |  |
| **Please include the Total annual compensation and names of the top five executives in the next section if:****More than 80% of annual gross revenues are generated from the Federal government and those revenues are greater than****$25M annually and if, Compensation information is not already available through reporting to the SEC. SKIP IF ANSWER IS NO** |
| **Name:** |  | **Compensation:** |  |
| **Name:** |  | **Compensation:** |  |
| **Name:** |  | **Compensation:** |  |
| **Name:** |  | **Compensation:** |  |
| **Name:** |  | **Compensation:** |  |
| **The above information is certified by the agency Fiscal or Financial Officer whose name and signature is provided below**. |
| **Print Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |

**Revised: 03/23/18**