

The Federal Funding Accountability and Transparency Act (FFATA) annual certification enumerated below represent material facts upon which DFPS relies when reporting information to the federal government required under federal law. If the Department later determines that the subrecipient knowingly rendered an erroneous certification, DFPS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DFPS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. ***If the signatory cannot certify all of the statements contained in this section, signatory must provide written notice to DFPS detailing which of the below statements it cannot certify and why.***

Enter your organization's Unique Entity Identifier: Enter the parent Unique Entity Identifier, if applicable:

Did your organization have gross income, from all sources, of less than \$300,000 in your previous tax year?

**Yes          No          N/A          (if entity does not generate income)**

If your answer is **Yes**, skip Parts **A**, **B**, **C**, and **D** and complete Part **E**.  
If your answer is **No** or **N/A**, complete Parts **A** and **B**.

**PART A. Certification Regarding % of Annual Gross from Federal Awards**

Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year?

**Yes                          No**

**PART B. Certification Regarding Amount of Annual Gross from Federal Awards**

Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year?

**Yes                          No**

If your answer is **Yes** to both **A** and **B**, you must complete Part **C**.  
If your answer is **No** to either **A** or **B**, skip Parts **C** and **D**, and complete Part **E**.

**PART C. Certification Regarding Public Access to Compensation Information**

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Yes          No          N/A          (if entity reports through some other means, state how: )**

If your answer is **Yes**, skip Part **D** and complete Part **E**.  
If your answer is **No**, you must provide compensation information to DFPS for FFATA reporting in Part **D**.  
If **N/A**, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part **D** until requested by DFPS to supply compensation information and proceed to complete Part **E**.

**PART D. Certification Regarding Executive Compensation**

<p>The Names and Total Compensation of the top five (5) executives if:</p> <ul style="list-style-type: none"> <li>• More than 80% of annual gross revenues from the Federal government,</li> <li>• Those revenues are greater than \$25M annually, and</li> <li>• Compensation information is not already available through reporting to the SEC.</li> </ul>	
<b>Subrecipient Executive Names</b>	<b>Total Compensation</b>

**PART E. General FFATA Certification**

<p>As the duly authorized representative (Signatory) of the subrecipient named below, I hereby certify that the responses that I have provided to the questions in this certification form are true, complete and correct to the best of my knowledge.</p>
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\_\_\_\_\_  
**Printed Name of Authorized Representative**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Title of Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Name of Subrecipient**

\_\_\_\_\_  
**Agency Account ID Number**

\_\_\_\_\_  
**Principal Place of Performance (POP)** (City, County)

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**9-Character Zip Code** (Zip +4)

\_\_\_\_\_  
**POP Congressional District**

**THIS SECTION FOR DFPS USE ONLY**

<b>CONTRACT MANAGER INFORMATION</b>	
<b>Name</b>	
<b>Division</b>	
<b>Region</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Date form received</b>	
<b>CONTRACT INFORMATION</b>	
<b>Contract Number</b>	
<b>Fiscal Year</b>	
<b>Federal Funding Agency</b>	
<b>CFDA # (s)</b>	
<b>Award No./FAIN</b>	
<b>Contract Start Date</b>	<b>Contract End Date</b>
<b>FY Contract Amount</b>	
<b>SCOR Subject</b>	
<b>SCOR Purpose</b>	