

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

SCFC Urban and Community Forestry Program Subrecipient Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
2. Entities who are not exempted entirely from FFATA reporting may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required ONLY if both** below are true:
 - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from: The entire FFATA reporting requirement:

- as the entity's gross income is less than \$300,000 in the previous tax year.
- as the entity is an individual.
- as the reporting would disclose classified information.

Only executive compensation data reporting:

- as at least one of the bulleted items in item number 2 above is not true.

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's Legal Name _____ Contract/Agreement Number _____

- Active SAM registration record is attached _____
- An active registration with SAM is required _____
- (go to www.sam.gov for more info about SAM)
- | | | |
|--|---|--|
| Entity's Unique Entity Identifier (formerly DUNS) Number | Entity's Parent's Unique Entity Identifier (formerly DUNS) Number (if applicable) | |
|--|---|--|

Entity's Location

Street Address _____

City/State/Zip+4 _____

County _____

Primary Place of Performance for specified contract

↘ Check here if the address is the **same** as Entity's Location

Street Address _____

City/State/Zip+4 _____

County _____

2. **Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____