

**Eastern Virginia Medical School (EVMS)
Federal Funding Accountability and Transparency Act (FFATA)
Data Collection Form for Subrecipients**

The Federal Funding Accountability and Transparency Act (FFATA), passed in 2006 and amended in 2008, require information disclosure concerning entities receiving financial assistance through Federal awards such as contracts, subcontracts, grants, and subgrants. Effective 10/1/2010, prime awardees are required to report selected information. *"In accordance with 2 CFR Chapter 1, Part 170 reporting subaward and executive compensation information, prime awardees awarded a federal grant are required to file a FFATA subaward report on subawardees equal to or greater than \$25,000".* As a Subrecipient to Eastern Virginia Medical School (EVMS), please complete all sections of the form below to facilitate required FFATA information reporting. **EVMS will not execute your subaward until this form is completed and returned to the Office of Sponsored Programs. We asked that you complete, sign and return this form to EVMS's Office of Sponsored Programs @ OSP@evms.edu.** For additional information on FFATA subaward reporting, please reference <http://www.fsrs.gov>.

I. PROJECT SUMMARY/DESCRIPTION (This summary will be available to the public under FFATA reporting requirements) _____

II. PRIME RECIPIENT INFORMATION (completed by the Prime Recipient)

- A. EVMS PI: _____
- B. Prime Sponsor: _____
- C. Prime Award#: _____
- D. Project Title: _____
- E. Subaward / Contract #: _____
- F. EVMS Grant #: _____

III. SUBRECIPIENT INFORMATION (completed by Subrecipient)

- A. Legal Name of Subrecipient: _____
- DUNS# + 4 _____ Congressional Districts: _____
- Subrecipient Award Address: _____
- Street: _____
- City: _____ State: _____ Zip+4: _____
- Congressional District _____
- Subrecipient Place of Performance Address (if differs from award address):
- Street: _____
- City: _____ State: _____ Zip+4: _____
- Congressional District _____

- B. Is Subrecipient registered in System for Award Management (SAM), formerly known as the Central Contractor Registration (CCR)? Registration in SAM is required under 2 CFR 25 unless you are exempt under 2 CFR 25.110

Yes ____ No ____ Expiration Date: _____

- C. Employer ID Number (EIN): _____

- D. In the preceding fiscal year, did Subrecipient receive eighty percent (80%) or more of its annual gross revenues in federal awards and receive twenty-five million dollars (\$25,000,000) or more in annual gross revenues from federal awards?

YES ____ NO ____

If YES, the Subrecipient is required to list the names and total compensation of its five most highly compensated officers of its company:

1. Name: _____ Title: _____

Total Compensation: \$ _____

2. Name: _____ Title: _____

Total Compensation: \$ _____

3. Name: _____ Title: _____

Total Compensation: \$ _____

4. Name: _____ Title: _____

Total Compensation: \$ _____

5. Name: _____ Title: _____

Total Compensation: \$ _____

- E. In the preceding tax year, did Subrecipient have gross income, from all sources, of less than \$300,000 YES ____ NO ____

- F. Proceed to Section IV of this form to sign and date form.

IV. APPROVAL FOR SUBRECIPIENT (completed by Subrecipient)

The information above has been read, signed, and made by an authorized official of the sub-recipient named herein.

Signature of Subrecipient's Authorized Official

Date

Type or Print name and title of Authorized Official