

Rhode Island Office of Management & Budget

Sub-Award Reporting Worksheet

Please type or print clearly in black or blue ink, answer all questions, and sign and date the form.

Section 1: State Agency and Federal Award Information													
Agency Contact Name						Agency Contact Telephone							
Sub-Award Program Name				Agency Contact Email									
Sub-Award Program Description													
Federal Award Information													
Federal Program Name						Federal Awarding Agency							
Federal Award Number						Date of Federal Award							
Award Type						CFDA Number							
Prime Agency DUNS +4						Amount Obligated from this Award							
Is sub-award funded by more than one federal award?										Yes *		No	

* If yes, use Attachment 1-A to provide information on additional federal awards funding this sub-award.

Section 2: Sub-Awardee Information											
Sub-Awardee DUNS+4						System for Award Management Registration Expiration Date (if applicable)					
Sub-Awardee Name (as registered in DUNS)											
Sub-Awardee Address (as registered in DUNS)						Sub-Award Principal Place of Performance (where work performed)					
Number and Street						Number and Street					
City						City					
State						State					
ZIP+4						ZIP+4					

Executive Compensation† (to be completed by sub-awardee)													
In preceding fiscal year, did federal funds from all sources make up more than 80% of agency budget? If no, stop. Do not report executive compensation. Proceed to Sub-Awardee Certification.										Yes		No	
In preceding fiscal year, did your agency receive more than \$25 million in federal funds? If no, stop. Do not report executive compensation. Proceed to Sub-Awardee Certification.										Yes		No	
Is information about the compensation of the senior executives in the subrecipient's organization (including parent organization, all branches, and all affiliates worldwide) publicly available? If no, report executive compensation for five highest paid officials below.										Yes		No	
1. Official Name				Compensation Amount									
2. Official Name				Compensation Amount									
3. Official Name				Compensation Amount									
4. Official Name				Compensation Amount									
5. Official Name				Compensation Amount									

† See Federal Register Volume 75, No. 177, Appendix A, Paragraph E5 for guidance on reporting executive compensation.

Sub-Awardee Certification											
I certify, to the best of my knowledge and belief, that the information provided is complete and accurate, and that I am authorized to sign contracts and other legally binding documents on behalf of the entity. I understand that my typed name below shall have the same force and effect as my written signature.											
_____				_____				_____			
Signature				Title of Signatory				Date			

Section 3: Sub-Award Information (for state agency administrative purposes only)											
Sub-Award Number				Sub-Award Date				FFATA Report Month			
Amendment 1 Obligation Amount				Amendment 1 Date				FFATA Report Month			
Amendment 2 Obligation Amount				Amendment 2 Date				FFATA Report Month			