

**Purpose:** The purpose of this form is to collect information required to report in compliance with the Federal Funding Accountability and Transparency Act (FFATA) of 2006.

Complete the required items in the shaded section below. Additionally, if your organization is NOT registered in the Federal System for Award Management (SAM), complete the remainder of the document as instructed by section.

Is Subawardee registered in the SAM?      Yes      No      \*DUNS #: \_\_\_\_\_

Overall purpose of the subaward:

Please add a one or two sentence description of the project:

If Subawardee is NOT registered in the SAM, please list legal name: \_\_\_\_\_

If Subawardee is NOT registered in the SAM, please provide address of main location:

Please provide the address of the location of the work to be performed under this Subaward if different than main location address:

Address 1: \_\_\_\_\_ Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_ Address 3: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip +4: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Congressional district of Subawardee's main location: \_\_\_\_\_

Congressional district of address where work will be performed if different from Subawardee's main location Congressional district: \_\_\_\_\_

Names and total compensation of each of the 5 most highly compensated officers of the Subawardee for the calendar year in which the Subaward is executed if:

i) In the Subawardee's preceding fiscal year, the Subawardee received the following in Federal support:

- a. 80% or more of its annual gross revenue; and
- b. \$25,000,000 in Federal awards; **AND**

ii) The public does not have access to information about the compensation of senior executives 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.

Subawardee officer names and compensation (**complete only if both the criteria above apply**)

Name	Compensation

Submit completed form to:

**Procurement Services**  
[procurement-inbox@andrew.cmu.edu](mailto:procurement-inbox@andrew.cmu.edu)