South Dakota Department of Social Services
SUB-RECIPIENT INFORMATION FFATA REQUEST FORM
Federal Funding Accountability and Transparency Act (FFATA)
(To Be Completed By Sub-recipient)

Business Name: _____

Unique Entity ID Number (SAM.gov)_____

Tax ID Number: _____Parent Entity Tax ID Number:_____

Physical Street address: (Not PO Box)_____

City: _____State:_____Zip+4: _____

Entity Email Address: _____

Contact Person:_____Title_____

Phone Number:_____Email Address: _____

Is the sub-recipient a: ☐ **Non-profit entity** ☐ **Foreign entity** ☐ **For-profit entity**

Do you have a Federally-negotiated indirect cost rate? ☐ **Yes** ☐ **No Rate:_____**

Did your entity receive over $750,000 in federal funds from DSS and other sources combined in the last year? ☐ **Yes**   ☐ **No**

Did your entity have an audit finding in the last single audit regarding program non-compliance and/or significant internal control deficiencies? ☐ **Yes**   ☐ **No**

Please answer the following sections as required:

Part A: Transparency Act

I. In the preceding fiscal year did you receive 80% or more of
annual gross revenues in federal awards? ☐ **Yes** ☐ **No**
(if Yes, see question II.; if No, skip to Part C)

II. Did you receive $25,000,000 or more in
annual gross revenues in federal awards? ☐ **Yes** ☐ **No**
(if Yes, see question III.; if No, skip to Part C)

III. Does the public have access to information about the compensation of
senior executives of your entity through periodical reporting to the SEC? ☐ **Yes** ☐ **No**
(if Yes, skip to Part C; if No, and questions I. and II. were answered Yes, then you are required by the Transparency Act to provide the information required in Part B*)

Part B: (If Applicable*)

If qualifications were met in part A, the Transparency Act requires us to provide the names and total compensation** of the five most highly compensated officers. Please attach a list of this information to this form or complete the information below.

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____
4. _____ $ _____

**Total compensation is defined as cash and noncash value earned by the executive during the past fiscal year including the following: salary & bonus, award of stock. stock options, and stock appreciation rights. Earnings for services under non-equity incentive plans, change in pension value, above market earnings on deferred compensation and other compensation > $10,000.

Part C: Certification

I certify that to the best of my knowledge that all information on this form is correct.

_____   _____
Signature   Date

South Dakota Department of Social Services