

Commonwealth of Pennsylvania

Federal Funding Accountability and Transparency Act Sub-recipient Data Sheet

Grantee must provide information along with Grantee's return of the signed grant agreement. The Commonwealth will not process the grant until such time that Grantee provides such information.

GRANTEE INFORMATION

Grantee Name:
DCED Contract #:

Administrative Address:
FEIN:

DUNS NUMBER AND SYSTEM FOR AWARD MANAGEMENT (SAM) REGISTRATION (formerly CCR)

DUNS Number:
DUNS Number + 4 (if applicable):

SAM Expiration Date:

[INSTRUCTIONS: Grantee must provide its assigned DUNS number, and DUNS + 4 number if applicable. Grantee must obtain a registration from the System for Award Management (SAM) (<https://www.sam.gov/portal/public/SAM>) and renew annually during times which they have active federal awards funded pursuant to their sub-grant agreement. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (<https://iupdate.dnb.com/iUpdate/companylookup.htm>) is one of the requirements for registration in the System for Award Management (SAM).

PRIMARY LOCATION

City:
State:
Zip+4:

[INSTRUCTIONS: Grantee must provide to the Commonwealth the primary location of performance under the award, including the city, State, and zip code including 4-digit extension. If performance is to occur in multiple locations, then Grantee must list the location where the most amount of the grant award is to be expended pursuant to the grant agreement.]

COMPENSATION OF OFFICERS

Officer 1 Name:
Officer 1 Compensation:
Officer 2 Name:
Officer 2 Compensation:
Officer 3 Name:
Officer 3 Compensation:
Officer 4 Name:
Officer 4 Compensation:
Officer 5 Name:
Officer 5 Compensation:

[INSTRUCTIONS: Grantee must provide to the Commonwealth the names and total compensation of the five most highly compensated officers of the entity if--
(i) the entity in the preceding fiscal year received—
(I) 80 percent or more of its annual gross revenues in Federal awards; and
(II) \$25,000,000 or more in annual gross revenues from Federal awards; and
(ii) the public does not have access to information about the compensation of the senior executives of the entity 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.
If the Grantee does not meet the conditions listed above, then it must specifically affirm to the Commonwealth that the requirements of this clause are inapplicable to the Grantee.

By Checking the Following box, grantee affirms that they do not meet the conditions for reporting highly compensated individuals:

CERTIFICATION

I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).

Name of Chief Elected Official (Please Print): _____ Title: _____

Signature of Chief Elected Official: _____ Date: _____

Note: This certification can only be signed by Chief Elected Officials attesting to the accuracy of the data provided in this report. Signatures from individuals without signatory authority will not be accepted.