# Use this form in conjunction with GMO-16-1 *Federal Sub-Recipient and Contractor Determination Tool* to report additional federal awards used to fund the referenced agreement.

# Enter State Agency, Entity, and Federal Award Information\*

|  |  |
| --- | --- |
| State Agency: |  |

|  |  |
| --- | --- |
| Receiving Entity Name: |  |
| Name of the Entity Agreement: |  |
| Agreement Identification Number: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Federal Program CFDA Number: |  |  | **-** |  |  |  |
| Federal Award Identification Number: |  | | | | | | |

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| Federal Program CFDA Number: |  |  | **-** |  |  |  |
| Federal Award Identification Number: |  | | | | | | |

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| Federal Program CFDA Number: |  |  | **-** |  |  |  |
| Federal Award Identification Number: |  | | | | | | |

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| Federal Program CFDA Number: |  |  | **-** |  |  |  |
| Federal Award Identification Number: |  | | | | | | |

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| Federal Program CFDA Number: |  |  | **-** |  |  |  |
| Federal Award Identification Number: |  | | | | | | |

1. **Complete Required Signature and Date.**

Printed Name of Agency Representative

Signature of Agency Representative

Date Form Completed

1. **File completed, signed GMO-16-01 and GMO-16-01A in associated agreement file.**