

Rhode Island Grants Management Office

Subaward 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	
Subaward Program Name		Agency Contact Email	
Subaward Program Description			
Federal Award Information			
Federal Program Name		Federal Awarding Agency	
Federal Award Number (FAIN)		Date of Federal Award	
Award Type		Assistance Listing (CFDA)	
Prime Agency UEI		Amount Obligated from this Award	
Is subaward funded by more than one federal award?		<input type="checkbox"/> Yes *	<input type="checkbox"/> No

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

Section 2: Subrecipient Information			
Subrecipient UEI	System for Award Management Registration Expiration Date (if applicable)		
Subrecipient Name			
Subrecipient Address		Subaward Principal Place of Performance (where work is performed)	
Number and Street		Number and Street	
City		City	
State		State	
ZIP+4		ZIP+4	
Executive Compensation† (to be completed by subrecipient)			
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 Subrecipient 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 Subrecipient 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.			
Subrecipient 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: Subaward Information (for state agency administrative purposes only)			
Subaward Number		Subaward Date	
Amendment 1 Obligation Amount		Amendment 1 Date	
Amendment 2 Obligation Amount		Amendment 2 Date	
		FFATA Report Month	
		FFATA Report Month	
		FFATA Report Month	