

Appendix F1 – Notice and Certification Form
Federal Funding Accountability and Transparency Act
State of Alaska - Department of Health and Social Services

This notice provides information for the new Federal Funding Accountability and Transparency Act (FFATA) requirements and to request the information from you as a grantee receiving federal funding through a State of Alaska grant award.

The White House Office of Management and Budget (OMB) issued additional guidance regarding the FFATA reporting requirement which took effect on October 1, 2010. This law, passed in 2006, and amended in 2008, requires any person or entity receiving grant funds directly from the federal government to report certain information regarding those funds through a centralized website, <http://www.fsrs.gov>. The following information applies.

- Sub-recipient contract awards equal to or greater than \$25,000 must be reported if they were awarded on or after October 1, 2010.
- Prime awardees (those agencies or entities receiving funds *directly* from the federal government) must report certain information regarding those funds.
- Compensation of the top five executives within an organization must be reported as well, if certain criteria apply.
- Grant information reported for American Recovery and Reinvestment Act (ARRA) grants is not required to be reported in the FFATA Subaward Reporting System (FSRS).

The State of Alaska Department of Health and Social Services (DHSS) is the prime awardee for most of the federal awards that you receive from DHSS. As a result, DHSS is responsible for reporting sub-award information to the federal government. Unlike ARRA, prime recipients like DHSS must enter the sub-award data themselves and do not have the option of coordinating with sub-recipients to enter the relevant information. However, sub-recipients must provide DHSS with all required information to accurately report on the FSRS website. OMB guidance outlines the sub-award and compensation reporting requirements for sub-recipient contracts equal to or greater than \$25,000 awarded on or after October 1, 2010. If a new award is initially below \$25,000 but subsequent contract modifications result in a total award equal to or greater than \$25,000, the award will be subject to FFATA reporting requirements as of the date the award exceeds \$25,000.

In our efforts to comply with the reporting requirements under FFATA, DHSS is asking you provide certification regarding the applicability of the following criteria to your organization using this notice and form - Appendix F1. If you should meet the requirements DHSS will need the compensation and names of the entity's top five highly compensated officers/senior executives, if applicable, on Appendix F2 - FFATA Reporting Template. Additionally, DHSS is responsible for first-tier sub-award reporting, which includes sub-recipient entity information, sub-award description/title, and date of award.

FFATA and subsequent rules published by the White House OMB require sub-recipients have a Data Universal Numbering System (DUNS) Number to receive federal funds of any type. If you have not already done so, you must register your organization for a DUNS Number and provide that to DHSS. Instructions to complete these are included in this letter as Appendix F3 - How to Request or Verify a DUNS Number. If you have multiple grants with DHSS, only one certification per State fiscal year is required.

Items to be submitted with your application:

- 1) Complete and return this Appendix F1 - FFATA Certification Form;
- 2) Complete and return Appendix F2 - FFATA Reporting Form (Excel spreadsheet); and
- 3) As applicable, register your organization for a DUNS Number - Appendix F3.

Appendix F1 – Certification Form
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State of Alaska - Department of Health and Social Services

The certifications enumerated below represent material facts upon which DHSS relies when reporting information to the federal government required under federal law. If the DHSS later determines that the Grantee knowingly rendered an erroneous certification, DHSS may pursue all available remedies in accordance with Alaska and U.S. laws. Signor further agrees that it will provide immediate written notice to the DHSS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DHSS detailing which of the below statements it cannot certify and why.**

Did your organization have gross income, from all sources, of less than \$300,000 in your previous tax year?

- ☐ Yes – skip questions A, B, and C and continue to section D.
☐ No- answer questions A and B.

A. Certification Regarding Percentage (%) of Annual Gross from Federal Awards

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? ☐ Yes ☐ No

B. Certification Regarding Amount of Annual Gross from Federal Awards

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?

- ☐ Yes – answer question C
☐ No – skip question C

If your answer is Yes to both A and B, you must answer C.

If your answer is No to either A or B, skip question C and continue to section D.

C. Certification Regarding Public Access to Compensation Information

Does the public have access to information about highly compensated officers/senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 19934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986?

- ☐ Yes
☐ No - provide the names and total compensation of the top five highly compensated officers/senior executives using the attached FFATA Reporting Template.

D. Signatures

As the duly authorized representative (Signor) of the Grantor, I hereby certify that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge.

Signature of Authorized Representative

date

Printed Name of Authorized Representative

Title of Authorized Representative

Legal Name of Grantee/Applicant

Grantee/Applicant DUNS #