

**Attachment I**  
**Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**  
 Subawardee Information for CACFP  
 NC DHHS, Division of Public Health

The State Agency complies with FFATA reporting requirements on a monthly basis through NCCARES. For FFATA reporting compliance, all institutions are required to have an active SAM registration and a valid DUNS number.

**A. Reporting – ALL INSTITUTIONS MUST COMPLETE**

Institution's Legal Name \_\_\_\_\_ Agreement Number \_\_\_\_\_

Active SAM registration record is attached  
 An active registration with SAM is required  
 (go to [www.sam.gov](http://www.sam.gov) for more info about SAM)

\_\_\_\_\_  
 Institution's DUNS Number

**Institution's Location**

**Primary Place of Performance for Specified Contract**  
 Check here if the address is the **same** as Institution's Location

Street address \_\_\_\_\_

Street address \_\_\_\_\_

City/State/  
 Zip+4 \_\_\_\_\_

City/State/  
 Zip+4 \_\_\_\_\_

County \_\_\_\_\_

County \_\_\_\_\_

Signature of Authorized Individual \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**B. Executive Compensation – COMPLETE ONLY IF THE FOLLOWING STATEMENTS BOTH APPLY**

- More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
- Compensation information is *not* already available through reporting to the U.S. Securities and Exchange Commission.

If both statements are true, please provide **Executive Compensation Data** for the entity's five most highly compensated officers in the spaces provided below.

<u>Title</u>	<u>Name</u>	<u>Total Compensation</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____