

**Federal Funding Accountability and Transparency Act (FFATA), FAR 52.204-10
Attachment for Subaward Agreement
Winston Salem State University Subaward Number _____**

By signing this Research Subaward Agreement Subrecipient makes the certifications and assurances specified by the Federal Funding Accountability and Transparency Act (FFATA), FAR 52.204-10, as applicable to this subaward.

Project Title:

Project Description/Purpose of Subaward (*describe in <4000 characters or confirm scope of work*):

Performance Period:

Amount Funded This Action:

**Federal Funding Accountability and Transparency Act (FFATA), FAR 52.204-10
Attachment for Research Subaward Agreement (continued)**

Place of Performance

Name:

Address:

City:

State:

ZipCode+4:

Telephone:

Fax:

Email:

Congressional District:

DUNS +4:

Highest Compensated Officer

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if - -

- 1) The entity in the preceding fiscal year received –
 - a) 80 percent or more of its annual gross revenues in Federal awards (federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements); AND
 - b) \$25,000,000 or more in annual gross revenues from Federal awards; and
- 2) 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 5104 of the internal Revenue Code of 1986.

Is the subaward entity exempt from reporting executive compensation? Yes ___ No ___

If no, complete the information below or indicate CCR applies.

SAMs Certification: ___ This institution has executive compensation information publicly available through CCR.

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:
------------------------	--------------------------------

University Authorized Official: _____