

<b>GENERAL CONTACT INFORMATION</b>	
Organization	
Effective April 2022 Unique Entity Identifier (UEI) replaces DUNS Number <div style="text-align: right;">UEI Number: _____</div>	
Organization Address (Street, City, State, Zip)	
Primary Reporting Contact	Secondary Reporting Contact
Name	Name
Title	Title
Email	Email
Phone	Phone
AWARD INFORMATION	
Project Place of Performance Address (Street, City, State, Zip)	
Congressional District(s)	
Project Identifying Number (Ex: Agreement Number, Proposal Number, PIN, etc.)	
EXECUTIVE COMPENSATION REPORTING	
Indication of Reporting Applicability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the top five most highly compensated officers must be included below:	
Name and Title	Compensation
CERTIFICATION	
<i>I certify the above information is complete, true, and correct to the best of my knowledge.</i>	
<b>E-Signature and Date</b>	<b>Title:</b>
ROUTING INSTRUCTIONS	
Email the completed form to <a href="mailto:Grants@cdfa.ca.gov">Grants@cdfa.ca.gov</a> .	

## Instructions for Completing the FFATA Form

### Purpose

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The Federal Funding Accountability and Transparency Act requires the California Department of Food and Agriculture to obtain specific data from recipients receiving federal funds.

### General Contact Information

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- **Organization:** Enter the legal name of the Organization receiving funding.
- **UEI: Effective April 2022.** Entities doing business with the federal government will use a Unique Entity Identifier (UEI) created in [SAM.gov](https://sam.gov). A UEI number is twelve characters. Enter the Recipient's UEI number.
- **Organization Address:** Enter Organization's Headquarters address, the zip + 4 code must be included. Do not provide P.O. Boxes.
- **Organization Primary and Secondary Reporting Contact:**
  - **Primary:** Enter the contact information for the person responsible for the reporting. Include their name, title, email, and phone number (include extensions if applicable) with area code.
  - **Secondary:** Enter the contact information for the person responsible for the reporting in the absence of the primary contact. Include their name, title, email, and phone number (include extensions if applicable) with area code.

### Award Information

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- **Project Place of Performance Address:** Enter the physical location where the majority of work for the project will take place. The address must include zip + 4 code. Do not provide P.O. Boxes. If more than one location, please provide the location where the majority of the project work will be performed.
- **Project Place of Performance Address:** Enter the Congressional District(s) for the Organizations' place of performance where the majority of the work will be performed. If more than one district, report districts in two-digit codes with commas (i.e. 99, 00). To determine Congressional District(s), visit [www.house.gov](http://www.house.gov) under "Find your Representative" enter the zip + 4 code associated with the place of performance(s).
- **Project Identifying Number:** Enter the identifying number associated with the project, such as the Agreement Number, Grant Proposal Number, PIN, etc.

### Executive Compensation Reporting

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- **Indication of Reporting Applicability:**
  - Select Yes if all of the following apply:
    - If the Organization received 80 percent (80%) or more of its annual gross revenues in Federal awards;
    - Those revenues are greater than \$25 million in the preceding fiscal year; and
    - The public does not have access to information about the compensation of the executives through periodic reports.
  - If the above does not apply, select No.

- **Top Five Most Highly Compensated Officers**

- If yes to the above, provide the five most highly compensated officers Name, Title, and Compensation. Total compensation is the cash and noncash dollar value earned by the executive during the Organization's preceding fiscal year and includes the following:
  - Salary and bonuses.
  - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year.
  - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.
  - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - Above market earnings, on deferred compensation which is not tax qualified.
- If no to the above, then you do not need to provide the five most highly compensated officers information.

### **Certification**

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Certification statement: I certify the above information is complete, true, and correct to the best of my knowledge.

- **E-Signature and Title:** Click the signature box to provide an electronic signature and date. Enter the name and title of the person certifying the information is complete, true, and correct.

### **Routing Instructions**

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Email the completed form to [Grants@cdfa.ca.gov](mailto:Grants@cdfa.ca.gov).