

**ORGANIZATION INFORMATION**

Legal Name:

Unique Entity Identifier (UEI) Number *(only required for federal grants)*:

Organization Address (Street, City, State, Zip):

Primary Reporting Contact	Secondary Reporting Contact
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

**AWARD INFORMATION / AREA(S) OF IMPACT**

Project Identifying Information (Ex: Agreement Number, Proposal Number, Project Title, etc.):

Project Place of Performance Address (Street, City, State, Zip Code +4):

United States Congressional District Information ([U.S. Congressional Districts](#))

Location(s) where project is performed:

Location(s) where project will benefit:

California Legislative District Information ([California Legislature](#))

Location(s) where project is performed	Assembly:	Senate:
Location(s) where project will benefit	Assembly:	Senate:

**EXECUTIVE COMPENSATION REPORTING**

If your organization receives 80 percent (80%) or more of its annual gross revenue in Federal awards; and  
 Those revenues were greater than \$25,000,000 in the preceding fiscal year; and  
 The public does not have access to information about the compensation of your organization's executives through periodic reports, provide the following information for the top five most highly compensated officers:  
 If the above does not apply, leave this section blank and advance to the next section.

Name and Title	Compensation


**OTHER GRANT PROGRAMS**

DO NOT complete this section if your organization is a University of California, California State University (including an associated auxiliary, foundation, or corporation), California State Agency, or Federal Agency.

Question:	Yes / No
Has your organization received a federal or state grant award within the past three years?	
Does your organization have any active state or federal grant awards? <i>If "Yes" provide the following information for each state or federal grant award: (attach additional pages if needed)</i>	

Awarding Agency and Division Name:	Grant Program Name:	Agreement Term: (start and end dates)	Award Amount:
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	

Question:	Yes / No
Including this award, are any key personnel working 50 percent (50%) of FTE or more on state or federal grant awards?	
<b>If yes, provide a brief explanation:</b>	
<b>MANAGEMENT SYSTEMS</b>	
Question:	Yes / No
Does your organization utilize accounting software to manage your financial records?	
Does your accounting system identify the receipt and expenditure of program funds separately for each grant?	
Does your organization have a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager?	
Does your organization separate the duties for staff handling the approval of transactions and the recording and payment of funds?	
Does your organization have the ability to specifically identify and allocate employee effort to each applicable program?	
Does your organization have a property/inventory management system in place to track location and value of equipment purchased under the award?	
<b>For any "No" responses above, provide a brief explanation:</b>	

<b>AUDIT REPORTS AND FINDINGS</b>	
<b>Question:</b>	<b>Yes / No</b>
Has your organization been audited within the last 5 fiscal years? <i>If no, skip the remaining questions and provide a brief explanation in the additional information section below.</i>	
Was the audit report issued under the single audit act (A133 Audit)? <i>If yes, identify the date of the most recent audit report in the additional information section below.</i>	
Did the audit report include a "Qualified Opinion" or an "Adverse Opinion"? <i>If yes, provide an explanation and describe the actions taken to resolve the finding in the additional information section below.</i>	
Did the audit report include a "Material Weakness"? <i>If yes, provide an explanation and describe the actions taken to resolve the finding in the additional information section below.</i>	
Did the audit report include a "Significant Deficiency"? <i>If yes, provide an explanation and describe the actions taken to resolve the finding in the additional information section below.</i>	
<b>Additional Information:</b>	
<b>CERTIFICATION</b>	
<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>
<b>ROUTING INSTRUCTIONS:</b> Email the completed form to <a href="mailto:Grants@cdfa.ca.gov">Grants@cdfa.ca.gov</a> .	

## Instructions for Completing the Grant Recipient Questionnaire

### PURPOSE

---

The California Department of Food and Agriculture as a grantmaking agency and pass-through entity for Federal grant funds is obliged to ensure grant recipients have adequate controls to properly administer grant funds. Additionally, 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

---

- **Legal Name:** Enter the legal name of the organization receiving funding.
- **Unique Entity Identifier (UEI):** Entities doing business with the federal government will use a UEI created in [SAM.gov](https://sam.gov). A UEI number is twelve characters. For Federal grants, including pass through awards, 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

---

- **Project Identifying Information:** Enter the Agreement Number, Proposal Number, Project Title, or other identifier as appropriate for the project.
- **Project Place of Performance Address:** Enter the physical location where most of the 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 most of the project work will be performed.
- **United States Congressional District Information:** Enter the Congressional District(s) for the location where most of the work will be performed. If more than one district, report districts in two-digit codes with commas (e.g., 99, 00).
- **California Legislative District Information:** Enter the California Assembly and Senate districts for both the area(s) where the project will be performed, and for the area(s) that the project will benefit. If more than one district, report districts in two-digit codes separated by commas (e.g., 01,02,03,04,05). If more than five districts enter "All."

### EXECUTIVE COMPENSATION REPORTING

---

- **Indication of Reporting Applicability:**

Provide the Name and Title as well as the annual compensation for your top-five highest paid officers if all the following apply:

  - The Organization received 80 percent (80%) or more of its annual gross revenues in Federal awards; and
  - 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, leave this section blank and advance to the next section.

- **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.

## **OTHER GRANT PROGRAMS**

---

This section should only be completed by for-profit organizations, non-profit organizations, local/municipal/Tribal government organizations (including school districts), and private colleges and universities. DO NOT complete this section if your organization is a University of California, California State University (including an associated auxiliary, foundation, or corporation), California State Agency, or Federal Agency.

- **Federal or State Grant Award in the Past Three Years:** Confirm whether your organization has received any federal or state grant awards in the past three years.
- **Active Federal or State Grant Awards:** Confirm whether your organization has any active federal or state grant awards.

If yes to the above, provide the following for each active federal or state grant:

- Awarding Agency and Division Name
  - Grant Program Name
  - Agreement Term (start and end dates)
  - Award Amount
- **Key Personnel:** Confirm whether your organization has any key personnel working 50 percent or more on Federal or State Grant Award(s), including this award.

If yes, provide a brief explanation

## **MANAGEMENT SYSTEMS**

---

- **Account software:** Confirm whether you utilize accounting software to manage your financial records.
- **Accounting system:** Confirm whether your accounting system identifies the receipt and expenditure of program funds separately for each grant.
- **Dedicated individual:** Confirm whether your organization has a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager.
- **Separation of duties:** Confirm whether your organization separates the duties for staff handling the approval of transactions and the recording and payment of funds.
- **Allocate employee effort:** Confirm whether your organization has the ability to specifically identify and allocate employee effort to each applicable program.
- **Property/Inventory management:** Confirm whether your organization has a property/inventory management system in place to track location and value of equipment purchased under the award.

If no to any of the above, provide a brief explanation.

## AUDIT REPORTS AND FINDINGS

---

- **Audit in the last five years:** Confirm whether your organization has been audited in the last five years.
  - If no, skip the remaining questions and provide a brief explanation in the additional information section.
- **Single Audit Act:** Confirm whether the audit was issued under the single audit act (A133 Audit)?
  - If yes, identify the date of the most recent audit report in the additional information section.
- **Qualified/Adverse Opinion:** Confirm whether the audit included a “qualified opinion” or “adverse opinion.”
  - If yes, provide an explanation and describe the actions taken to resolve the finding in the additional information section.
- **Material Weakness:** Confirm whether the audit included a finding of “material weakness.”
  - If yes, provide an explanation and describe the actions taken to resolve the finding in the additional information section.
- **Significant Deficiency:** Confirm whether the audit included a finding of “Significant Deficiency.”
  - If yes, provide an explanation and describe the actions taken to resolve the finding in the additional information section.

## CERTIFICATION

---

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

---

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