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| FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT  **SUB-RECIPIENT INFORMATION REPORTING FORM**  (It is recommended this form be completed by your grant administrator or chief financial officer.) | | | | | | |
| Section I MUST be completed by applicants seeking federal funding assistance from the NH Highway Safety Agency. | | | | | | |
| SECTION I. AGENCY/INSTITUTION NAME & ADDRESS | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | State: | | | Zip Code: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_  (9 digits required) | | |
| Sub-Recipient DUNS Number: | | | | | | |
| Sub-Recipient MPIN Number (CCR Registration Number): Completed: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No | | | | | | |
|  | | | | | | |
| Section II MUST be completed if this application seeks federal funds totaling $25,000.00 or more. | | | | | | |
| SECTION II. SUB-RECIPIENT REVENUE INFORMATION  (Preceding Fiscal Year) | | | | | | |
| Sub-Recipients Annual Gross Revenues  Exceeded 80 percent or more in Federal Awards | | |  Yes | |  No | |
| Sub-Recipients Annual Gross Revenues Equal or  Exceed $25,000,000. in Federal Awards | | |  Yes | |  No | |
| Sub-Recipient’s 5 Most Highly Compensated Officers | | | Officer Names | | Officer Compensation | |
| 1. | |  | |
| 2. | |  | |
| 3. | |  | |
| 4. | |  | |
| 5. | |  | |
| Comments | | | | | | |
|  | | | | | | |
|  | | | | | | |
| PREPARED BY: | | | | | | DATE: |
| Name: | | | | | |  |
| Title: | | | | | |
| Telephone: | | Email: | | | |

HS-21 (1/11)

**Instructions for Completing Sub-Recipient Information Reporting Form**

Agency/Institution Name & Address

* Please give the name and address for the agency or institution receiving the federal funding
* Do not give a name and address of an individual’s name working at the agency or institution

Sub-Recipient DUNS Number

* The DUNS number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. Most large organizations, libraries, colleges and research universities already have DUNS numbers. Ask your grant administrator or chief financial officer to provide your organization’s DUNS number.
* If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge: http://fedgov.dnb.com/webform
* For more information on DUNS numbers, please visit the federal government’s grant administration website: http://www.grants.gov/applicants/org\_step1.jsp

Sub-Recipient MPIN/CCR Number (not required)

* The Central Contractor Registration (CCR) is a web-enabled government-wide application that collects, validates, stores and disseminates business information about the federal government’s trading partners in support of the contract award, grants, and the electronic payment process.

Sub-Recipient Annual Gross Revenues Exceed 80 Percent or more in Federal Awards

* Please check “yes” if, in the preceding fiscal year, your agency or institution received 80 percent or more of its annual gross revenues in federal awards.
* Please check “no” if, in the preceding fiscal year, your agency or institution did not receive 80 percent or more of its annual gross revenues in federal awards.

Sub-Recipient Annual Gross Revenues Equal or Exceed $25,000,000. in Federal Awards

* Please check “yes” if, in the preceding fiscal year, your agency’s or institution’s annual gross revenues equaled or exceeded $25,000,000. in federal funds.
* Please check “no” if, in the preceding fiscal year, your agency’s or institution’s annual gross revenues did not equal or exceed $25,000,000. in federal awards.

Sub-Recipient Highly Compensated Officers

* If you checked “no” in the two boxes above, then this information is not required.
* If you checked “yes” in the two boxes above, and if the public does not have access to this information through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Section 78m(a), 780(d) ), or Section 6104 of the Internal Revenue Code of 1986, then please list the names and compensation amounts of the five (5) most highly compensated employees within your agency or institution.

Comments

* This is not a required filed. Please feel free to add any comments you feel are necessary to fully explain your answers in the above fields.