

**South Dakota Department of Public Safety**  
**SUB-RECIPIENT INFORMATION FFATA REQUEST FORM**  
**Federal Funding Accountability and Transparency Act (FFATA)**  
 (To Be Completed By Sub-recipient)

Business Name: \_\_\_\_\_

Dun & Bradstreet 9-digit Number: \_\_\_\_\_ Parent Entity DUNS Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Parent Entity Tax ID Number: \_\_\_\_\_

Physical Street address: (Not PO Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Entity Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the sub-recipient a:     **Non-profit entity**     **Foreign entity**     **For-profit entity**

Do you have a Federally-negotiated indirect cost rate?     **Yes**     **No**    **Rate:** \_\_\_\_\_

Did your entity receive over \$750,000 in federal funds from DPS and other sources combined in the last year?     **Yes**     **No**

Did your entity have an audit finding in the last single audit regarding program non-compliance and/or significant internal control deficiencies?     **Yes**     **No**

*Please answer the following sections as required:*

**Part A: Transparency Act**

- I. In the preceding fiscal year did you receive 80% or more of annual gross revenues in federal awards?     **Yes**     **No**  
 (if Yes, see question II.; if No, skip to Part C)
- II. Did you receive \$25,000,000 or more in annual gross revenues in federal awards?     **Yes**     **No**  
 (if Yes, see question III.; if No, skip to Part C)
- III. Does the public have access to information about the compensation of senior executives of your entity through periodical reporting to the SEC?     **Yes**     **No**  
 (if Yes, skip to Part C; if No, and questions I. and II. were answered Yes, then you are required by the Transparency Act to provide the information required in Part B\*)

**Part B: (If Applicable\*)**

If qualifications were met in part A, the Transparency Act requires us to provide the names and total compensation\*\* of the five most highly compensated officers. Please attach a list of this information to this form or complete the information below.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

\*\*Total compensation is defined as cash and noncash value earned by the executive during the past fiscal year including the following: salary & bonus, award of stock, stock options, and stock appreciation rights. Earnings for services under non-equity incentive plans, change in pension value, above market earnings on deferred compensation and other compensation > \$10,000.

**Part C: Certification**

I certify that to the best of my knowledge that all information on this form is correct.

\_\_\_\_\_  
 Signature Date