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