FFATA Procurement Reporting Form

The Federal Funding Accountability and Transparency Act applies to this order and subsequently RIT will require the following information:

Please direct all questions to the contact information on the right.

RIT Rochester Institute of Technology
Sponsored Programs Accounting

Robert LaFleur
Email: rplspa@rit.edu

Supplier Information

Supplier Legal Name: _____

Address of Entity: _____

Place of Performance Address: _____

**=The primary site where the work will be performed*

Supplier DUNS Num: _____

Central Contractor Registration (CCR) number *(if applicable):* _____

North American Industry Classification Code (NAICS): _____

Congressional District***: _____

****=If you are unsure of your congressional district, please visit:*
https://www.house.gov/representatives/find/

1) In the previous tax year did your company have gross income, from all sources, **under $300,000**?

Yes ◯ **STOP** *(Proceed to certification statement at the bottom of the form)*

No ◯ **PROCEED TO QUESTION 2.**

2) In the proceeding fiscal year did your company receive **80% or more** of its annual gross revenues from Federal contracts, loans, grant and cooperative agreements, **and $25,000,000 or more** in annual gross revenues from Federal contracts, loans, grants, and cooperative agreements?

Yes ◯ **PROCEED TO QUESTION 3.**

No ◯ **STOP** *(Proceed to certification statement at the bottom of the form)*

3) Does the public have access to information about the compensation of your company executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code of 1986?

Yes ◯ **STOP** *(Proceed to certification statement at the bottom of the form)*

No ◯ **PROVIDE THE COMPENSATION INFORMATION REQUESTED BELOW**

Names and total compensation of your five most highly compensated executives for the calendar year in which the order is awarded. For further detail, see Federal Acquisition Regulation 52.204-10 at www.acquisition.gov

Name	**Compensation**
Officer 1	
Officer 2	
Officer 3	
Officer 4	
Officer 5	

NOTE: Information provided will be made available to the public; the public may view first-tier subcontract award data at http://usaspending.gov

I certify that the above information is accurate and complete.

Signature _____   Date _____

Telephone: _____   Email: _____