Alabama Department of Public Health

Federal Funding Accountability and Transparency Act ("Transparency Act" or "FFATA") Disclosure Statement

The Federal Funding Accountability and Transparency Act (FFATA) requires a system to allow prime grant award and prime contract recipients to report sub-award activity and executive compensation. The FFATA Subaward Reporting System – FSRS.gov – is the system that allows grant award and contract award recipients to electronically report their sub-award activity. Pursuant to 2 CFR Appendix A to Part 170 - Award Term (as defined in 2 CFR 170.320), and in compliance with the FFATA Subaward Reporting System (FSRS) reporting requirements, the Alabama Department of Public Health (ADPH) must capture and report sub-award and executive compensation data regarding its first-tier sub-awards that obligate an amount equal to or more than \$30,000 in Federal funds.

EffectiveDateofAgreement:		
Award Description/Title:		
Legal Name of Entity Completing Form:		
Entity's Unique Entity Identifier (UEI) Number (twelve digits):		https://sam.gov
Entity's Business Address:		
City,State,Zip:		
Entity's Fiscal Year End: (i.e., September	30)	
In your business or organization's preceding this UEI Number belongs) receive (1) 80 subcontracts, loans, grants, subgrants, an revenues from U.S. federal contracts, subco	percent or more of your annual gros d/or cooperative agreements; and (2)	s revenues in U.S. federal contracts, \$25,000,000 or more in annual gross r cooperative agreements?
legal entity to which the UEI Number belon Exchange Act of 1934 (15 U.S.C. 78m(a), 78d YES NO If no, complet Provide the following information for the five legal entity to which this UEI Number belongs	co(d)) or section 6104 of the Internal Reve te the following. If yes, stop here and co(5) most highly compensated executive	nue Code of 1986? sign form and return to ADPH
Name	Position Title	Total Compensation Amount for th
		Entity's last complete fiscal year
certify, on behalf of the above-referenced Legomplete and accurate. I further certify that I have chalf of the Legal Entity. Last, I certify that I am a submitted to https://www.fsrs.gov/ and may be	e the authority to provide the requested fully aware that the information provided made public.	information and execute this certification in response to this Information Request
Signature Typed Name of Signature	Tiue	Date