

Cal OES ID No.:\_\_\_\_\_

DUNS Number:

Previous Fiscal Year End Date:\_\_\_\_\_

## Federal Funding Accountability and Transparency Act (FFATA) Financial Disclosure

Public Law (PL) 109-282 Federal Funding Accountability and Transparency Act of 2006, as amended by Section 6202(a) of the Government Funding Transparency Act of 2008 (PL 110-252), which is outlined in the U.S. Department of Homeland Security, Federal Emergency Management Agency's Grant Program Directorate Information Bulletin No. 350, dated November 23, 2010 (www.fsrs.gov).

Entity Name:

You are subject to FFATA Financial Disclosure and must complete the below table if you can answer **YES** to **ALL** of the below criteria:

- Received 80% or more of annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements in your preceding fiscal year
- \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements
- The public does not have access to information about the compensation of your senior executives.

| Executive Name | Title | Annual<br>Salary | Annual Dollar<br>Value of Benefits | Total<br>Compensation |
|----------------|-------|------------------|------------------------------------|-----------------------|
|                |       |                  |                                    |                       |
|                |       |                  |                                    |                       |
|                |       |                  |                                    |                       |
|                |       |                  |                                    |                       |
|                |       |                  |                                    |                       |

Not subject to FFATA Financial Disclosure.

I, \_\_\_\_\_\_, do hereby certify, as the authorized agent

Printed Name

of the above named entity, the information contained in this document is true and correct.

Title of Authorized Agent

Signature of Authorized Agent

Date

California Governor's Office of Emergency Services FFATA Financial Disclosure (10/2020)

Cal OES ID No:###-#####



DUNS Number: # # # # # # # # # # #

**Previous** Fiscal Year End Date:<u>MM/DD/YYYY</u> **Ex: If your entity's fiscal year runs July to June, the date above would be 6/30/2021** 

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| Executive Name |                                                                     | Title | Annual<br>Salary | Annual Dollar<br>Value of<br>Benefits | Total<br>Compensation |  |
|----------------|---------------------------------------------------------------------|-------|------------------|---------------------------------------|-----------------------|--|
|                |                                                                     |       |                  |                                       |                       |  |
|                | Complete ONLY if you can answer YES to ALL of<br>the above criteria |       |                  |                                       |                       |  |
|                |                                                                     |       |                  |                                       |                       |  |

Not subject to FFATA Financial Disclosure.

## Check ONLY if you can answer NO to ANY of the above criteria

Printed Name of Authorized Agent

## EXACTLY as on Cal OES 130

Title of Authorized Agent

Signature of Authorized Agent

Date

California Governor's Office of Emergency Services