



FY 2013 Grant # \_\_\_\_\_

## STATE INFORMATION

### For Reporting Subawards and Executive Compensation

(2 C.F.R Part 170 – Requirements for Federal Funding Accountability and Transparency Act Implementation; Appendix A to Part 170 – Award Term)

The person designated as the authorized certifying official for this grant (as designated on the form, State Legal Officer's Certification of the Authorized Certifying Official) is responsible for selecting, and signing one option in **both** Parts I and II.

\_\_\_\_\_ (Name of State)

\_\_\_\_\_ (Name of State Agency)

### PART I. Reporting of first-tier subawards

Complete one of the following:

A. The State DOES NOT utilize IMLS funds to (circle one):

- 1) make subawards; or
- 2) make awards of \$25,000 or more.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**OR**

B. The State does utilize IMLS funds to make subawards, with individual awards of \$25,000 or more. The subawards will be made in \_\_\_\_\_ (month, 20\_\_).

The grantee acknowledges its responsibility to track and report on the subawards within the FFATA Subaward Reporting System as outlined in guidance provided by IMLS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**OR**

C. The State has not made a decision whether or not to utilize IMLS funds to make subawards, with individual awards of \$25,000 or more. The state will resubmit this form once that decision is made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**PART II. Reporting total compensation of recipient executives**

Complete one of the following:

A. The State meets the applicability requiring reporting of total compensation of recipient executives and will report total compensation for the preceding completed fiscal year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**OR**

B. The State DOES NOT meets the applicability requiring reporting of total compensation of recipient executives and will NOT report total compensation for the preceding completed fiscal year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Mail this signed form to your Program Officer within 10 business days from date of receipt of this form.