Version: 2021.07.15
Template Name: Sub-Recipient Profile
Instructions to Reporter:

- Do not change the cell formatting
- Do not reformat the template
- All data should be as text
- Do not publish the "Field ID" row (Treasury Internal Use Only)

Field ID

Label Sub-recipient DUNS

Required or Required
Optional
Help Text The DUNS unique identification number for the Sub-Recipient Organization of the Recipient's ERA funds.
Format XXXXXXXXX, 9 numeric characters.

DUNS_4__c
Sub-recipient DUNS (+4)

Optional

A 4-character suffix that may be assigned by a business concern and appended to its DUNS. Format XXXX, 5 numeric characters.

EIN__C
Sub-Recipient TIN

## Recipient_Type__c

Subrecipient Type

## Required

A collection of indicators of different types of Sub-Recipient types that receive ERA funds.
Valid responses:
"Tenant",
"Landlord or Owner",
"Utility / Home Energy Service
Provider",
"Other Housing Services",
"Eligible Expenses Provider".

Name
Sub-Recipient Name

Required

The name of the Sub-Recipient. Max character 80 .

POC_Email_Address__c
POC Email Address

## Required

The email address of the primary point-of-contact for the sub-recipient. Must be valid Email format.

Address_c
Address Line 1

Required

First line of the Sub-Recipient's address. (255 Character max)

Address_2_c
Address Line 2

Optional

Second line of the Sub-Recipient's address. (255 Character max)

Address_3__c
Address Line 3

Optional

Third line of the Sub-Recipient's address. (255 Character max)

City__c
City Name

Required

Name of the city in which the SubRecipient is located. (100 Character Max)
State__c
State Code

## Zip__c <br> Zip5

Required
Required

United States Postal Service (USPS) United States ZIP code (five digits)
two-letter abbreviation for the state or associated with the Sub-Recipient's territory in which the Sub-Recipient is address. located. Valid Response: Format XXXXX, 5 numeric characters.
(AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC,
FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY,
LA, ME, MH, MD, MA, MI, MN, MS,
MO, MT, NE, NV, NH, NJ, NM, NY, NC,
ND, MP, OH, OK, OR, PW, PA, PR, RI,
SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY)

Zip_4_c
Zip4
Registered_in_Sam_gov__c
Sub-recipient SAM.gov Registration

Required
Required

Zip Plus4 (four digits) identifying where Confirmation that the Sub-Recipient is the predominant performance of the registered in SAM.gov. subaward will be accomplished. Must select Yes or No. Format XXXX, 4 numeric characters.

Federal_Funds_80_or_More_of_Revenue_ In its preceding fiscal year, did recipient receive $80 \%$ or more of its annual gross revenue from federal funds?

Required

Confirmation that the proportion of the SubRecipient's federal funding-to-total annual gross revenue for the preceding fiscal year is at least 80\%.
Must select Yes or No.
_c Derives_25_Million_or_More_from_Federal__c In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?

Required

Confirmation that the Sub-Recipient's total annual gross revenue from federal funding across all programs for the preceding fiscal year is greater than $\$ 25$ million.
Must select Yes or No.

Total_Compensation_for_Officers_Public_ $\qquad$ C Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?

Required (If you answered No to previous question)

Confirmation that qualifying Sub-Recipient's publicly identify their top five highest
compensated executives or have it listed in their SAM.gov profile, if No please enter the names and compensation for the 5 highest

Officer_Name__c
Executive Name (1)

Required officers.
Must select Yes or No.

The legal name belonging to one of the five highest paid executives, officers, or employees of the Sub-Recipient.

Officer_Total_Comp__c
Total Compensation Executive (1)

Required (If you answered No to previous question)

Officer_2_Name__c
Executive Name (2)

Required (If you answered No to previous question)

The Total Compensation, as defined in The legal name belonging to one of the 2 CFR part 170.330, earned by the five five highest paid executives, officers, or highest paid executives, officers, or employees of the Sub-Recipient. employees of the Sub-Recipient. DO NOT include a "\$" sign when entering compensation.

Officer_2_Total_Comp_c Officer_3_Name__c
Total Compensation Executive (2) Executive Name (3)

Required (If you answered No to previous question)

Required (If you answered No to previous question)

The Total Compensation, as defined in The legal name belonging to one of the 2 CFR part 170.330, earned by the five five highest paid executives, officers, or highest paid executives, officers, or employees of the Sub-Recipient. employees of the Sub-Recipient. DO NOT include a "\$" sign when entering compensation.

Officer_3_Total_Comp_c Officer_4_Name__c
Total Compensation Executive (3) Executive Name (4)

Required (If you answered No to previous question)

Required (If you answered No to previous question)

The Total Compensation, as defined in The legal name belonging to one of the 2 CFR part 170.330, earned by the five five highest paid executives, officers, or highest paid executives, officers, or employees of the Sub-Recipient. employees of the Sub-Recipient. DO NOT include a "\$" sign when entering compensation.

Officer_4_Total_Comp_c
Total Compensation Executive (4)

Required (If you answered No to previous question)

Officer_5_Name_c
Executive Name (5)

Required (If you answered No to previous question)

The Total Compensation, as defined in The legal name belonging to one of the 2 CFR part 170.330, earned by the five five highest paid executives, officers, or highest paid executives, officers, or employees of the Sub-Recipient. employees of the Sub-Recipient. DO NOT include a "\$" sign when entering compensation.

Officer_5_Total_Comp_c
Total Compensation Executive (5)

Required (If you answered No to previous question)

The Total Compensation, as defined in 2 CFR part 170.330, earned by the five highest paid executives, officers, or employees of the Sub-Recipient. DO NOT include a "\$" sign when entering compensation.

