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- Do not publish the "Field ID" row (Treasury Internal Use Only)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	DUNS_c	DUNS_4c
Label	Sub-recipient DUNS	Sub-recipient DUNS (+4)

Required or Optional	Required	Optional
Help Text	The DUNS unique identification number for the Sub-Recipient Organization of the Recipient's ERA funds. Format XXXXXXXXXX, 9 numeric characters.	A 4-character suffix that may be assigned by a business concern and appended to its DUNS. Format XXXX, 5 numeric characters.

EIN_c

Recipient_Type__c

Sub-Recipient TIN

Subrecipient Type

Required

Required

The Sub-Recipient's Internal Revenue Service (IRS) Taxpayer Identification Number.

Format XXXXXXXXX, 9 numeric characters.

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

POC_Email_Address__c **POC Email Address**

Required

Required

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

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

Address_c Address_2_c
Address Line 1 Address Line 2

Required Optional

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

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

Address_3_c City_c
Address Line 3 City Name

Optional Required

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

Name of the city in which the Sub-Recipient is located. (100 Character Max)

State__c State Code Zip__c Zip5

Required

Required

United States Postal Service (USPS) two-letter abbreviation for the state or associated with the Sub-Recipient's territory in which the Sub-Recipient is located. Valid Response: (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)

United States ZIP code (five digits) address. Format XXXXX, 5 numeric characters. 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 subaward will be accomplished.

Confirmation that the Sub-Recipient is registered in SAM.gov.

Must select Yes or No. Format XXXX, 4 numeric characters.

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

Federal_Funds_80_or_More_of_Revenue__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

Required

Confirmation that the proportion of the Sub-Recipient's federal funding-to-total annual least 80%.

Must select Yes or No.

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

Total_Compensation_for_Officers_Public__c Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov?

Officer_Name__c

Executive Name (1)

Required

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 officers.

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

Must select Yes or No.

Officer_Total_Comp__c

Officer_2_Name__c

Total Compensation Executive (1)

Executive Name (2)

Required (If you answered No to previous question)

Required (If you answered No to previous question)

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.

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 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.

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 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.

Officer_4_Total_Comp__c

Officer_5_Name__c

Total Compensation Executive (4)

Executive Name (5)

Required (If you answered No to previous question)

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.

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.