DWS-ADM 515B Rev. 04/2022



State of Utah Department of Workforce Services

_____: FFATA CERTIFICATION BY THE SUBRECIPIENT

(Not required for State Agencies and Component Units)

Organization Name:		
compensation of your entity's figure your business or organization's entity to which this specific SAI (1) 80 percent or more of your grants, subgrants, and/o (2) \$25,000,000 or more in a grants, subgrants, and/o NO: Skip to Attestation belo	ive most highly compensated executive preceding completed fiscal year, did a record, represented by a UEI number annual gross revenues in U.S. feder cooperative agreements; and annual gross revenues from U.S. feder cooperative agreements?	eral contracts, subcontracts, loans, eral contracts, subcontracts, loans,
Executive Compensation		
Name	Title	Total Compensation Level*
1		
2		
3		
4		
5		
 subrecipient's preceding fiscal Salary and bonus. Awards of stock, stock of financial statement report Financial Accounting States Earnings for services un hospitalization or medical available generally to all Change in pension value plans. Above-market earnings of Other compensation, if the 	ptions, and stock appreciation rights. In the purposes with respect to the fiscal andards 2 CFR 200 (Revised 2004) (Finder non-equity incentive plans. This deal reimbursement plans that do not dissipalaried employees. This is the change in present value of all such other consurance paid on behalf of the employers.	Use the dollar amount recognized for al year in accordance with the Statement of AS 123R), Shared Based Payments. Does not include group life, health, criminate in favor of executives, and are of defined benefit and actuarial pension
	isleading information may result in crir	on provided above is true and correct. minal or civil penalties as per Title 18,
Chief Executive Officer or Designee, Signature:		Date:
Name and Title:		