State of Utah Department of Workforce Services

Appendix III: FFATA CERTIFICATION BY THE SUBRECIPIENT

(Not required for State Agencies and Component Units)

Organization Name:		
compensation of your entity's five your business or organization's prentity to which this specific SAM results (1) 80 percent or more of your grants, subgrants, or coope (2) \$25,000,000 or more in any grants, subgrants, or coope NO: Skip to Attestation below	receding completed fiscal year, did you ecord, represented by a DUNS number annual gross revenues in U.S. federal erative agreements; and mual gross revenues from U.S. federal	, if the following requirements are met. In ur business or organization (the legal er, belongs) receive: I contracts, subcontracts, loans, contracts, subcontracts, loans,
	Executive Compensation	
Name	Title	Total Compensation Level*
1		
2		
3		
4		
5		
 subrecipient's preceding fiscal year Salary and bonus. Awards of stock, stock option financial statement reporting Financial Accounting Stand Earnings for services under hospitalization or medical reavailable generally to all sa Change in pension value. To plans. Above-market earnings on Other compensation, if the 	ons, and stock appreciation rights. Use g purposes with respect to the fiscal y lards 2 CFR 200 (Revised 2004) (FAS r non-equity incentive plans. This does eimbursement plans that do not discriblaried employees. This is the change in present value of deferred compensation which is not taggregate value of all such other companded paid on behalf of the employee,	rear in accordance with the Statement of S 123R), Shared Based Payments. It is not include group life, health, minate in favor of executives, and are defined benefit and actuarial pension
	ATTESTATION anization information and certification eading information may result in crimin Code.	
Chief Executive Officer or Designee, Signature:		Date:
Name and Title:		