



HEALTH RESEARCH  
I N C O R P O R A T E D

\_\_\_\_\_  
Date

On September 26, 2006, S. 2560, the Federal Funding Accountability and Transparency Act (FFATA) of 2006, was enacted. FFATA is intended to deter “wasteful and unnecessary” spending. Therefore, FFATA requires full disclosure to the public all entities or organizations **receiving federal funds**. HRI must track Federal funding to subrecipients in the amount of \$30,000 or more, by Congressional District.

Because your organization is a sub-recipient of Federal funds subcontracted to by Health Research, Inc., HRI is requesting certification from your organization of the below information:

Subcontract number:	Subcontract Dates:	
Subcontractor Name:	Amount of Award:	
CFDA #:	Funding Agency:	
Sponsor #:	HRI Grant #:	
HRI PI:	(For HRI Use Only) Executed Date:	
Award Title:		

UEI Number: \_\_\_\_\_

Subcontractor location including address: (zip code must include +4):

Subcontract primary performance location including address: **(zip code must include +4):**

Please provide a brief description of the project your organization is being contracted for:

Executive compensation data: Subcontractors are required to report the names and total compensation of the five most highly compensated officers if in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards; and if the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

Check 'Yes' and complete below table if in the preceding fiscal year, your organization received 80%+ and \$25M+ in annual gross revenue from Federal awards and the public does not have access to Sr. Executive compensation otherwise check 'No'.

Yes  No

	Name	Compensation
<b>Officer 1</b>		
<b>Officer 2</b>		
<b>Officer 3</b>		
<b>Officer 4</b>		
<b>Officer 5</b>		

I certify that the above information accurately represents the organization for which I am an authorized representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - please print

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

Please return completed form electronically to [HRIFATA@healthresearch.org](mailto:HRIFATA@healthresearch.org)