

| Company/Organization | | | |
|--|---|-------|----------|
| Name | Title | | |
| Address | City | State | ZIP Code |
| Does your company have total income of \$300,000 or more in a fiscal year? | If yes, provide your Unique Entity ID (UEI) | | |
| Signature | | Date | |
| Place of Performance (place where work is to be completed) | | | |
| Address | City | State | ZIP Code |
| * The Federal Funding Accountability and Transparency Act (P.L. 109-282) requires that the North Dakota Department of Human Services (Department) report information on any sub-recipient that receives \$30,000 or more in Federal funds and has income of \$300,000 or more to a searchable database made available to the public. One of the elements that the Department is required to report is the sub-recipient's UEI. If an entity does not have a UEI and has total income over \$300,000, one must be obtained prior to receipt of an award. Information on obtaining a UEI can be found at www.sam.gov | | | |
| Office Use Only: | | | |
| Contract Number | FAIN Number | | |