



**National Radio Astronomy Observatory**

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RESET

FFATA Subrecipient Profile Questionnaire

General Information:

Subcontracting Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Congressional District: \_\_\_\_\_  
DUNS number: \_\_\_\_\_

Date of registration or last update in the [CCR](#) : \_\_\_\_\_  
Primary Location of Performance (if different from the above):  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Congressional District: \_\_\_\_\_

What is the subrecipient's classification? (Check where applicable.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Large Business    | <input type="checkbox"/> Veteran Owned      | <input type="checkbox"/> Small Business         |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> Woman Owned        | <input type="checkbox"/> Volunteer Organization |
| <input type="checkbox"/> Public University | <input type="checkbox"/> Private University | <input type="checkbox"/> Other _____            |

Audit Information:

What is the subrecipient's fiscal year? \_\_\_\_\_

Does the subrecipient receive an annual audit in accordance with [OMB Circular A-133](#) ?

- Yes If "Yes," complete A-133 contact info and provide copy of most recent audit report.
- No If "No," please explain \_\_\_\_\_
- \_\_\_\_\_

A-133 Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Compensation Information:

I. In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which the provided DUNS number belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes If "Yes," please answer the following question.

No If "No," please skip to Certification.

II. Does the public have access to information about the compensation of the executives in your business or organization 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?

Yes If "Yes," skip to Certification.

No If "No," and the information is not available in your CCR registration, please complete the following:

Names and total compensation of top 5 executives:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

Certification:

Please provide the name and title of the appropriate individual who is authorized to attest to the accuracy of the information provided above:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Revised June 12, 2012*