

Contract #: _____

SAM.gov Registration Questionnaire

The US Treasury reporting portal requires that an entity receiving federal funds must acknowledge whether they are registered with SAM.gov. Please answer the following questions as applicable.

- 1) If the answer is “Yes” please provide your registration number and no further action or information is necessary. SAM Unique Entity I.D. _____

- 2) If the answer is “No” and you are not registered in SAM.gov please answer the following questions by circling an answer.
 - In the preceding fiscal year did recipient receive 80% or more of its annual gross revenue from federal funds? Yes or No
 - In the preceding fiscal year did recipient receive \$25 million or more of its annual gross revenue from federal funds? Yes or No

- 3) If the recipient received 80% or more of its annual gross revenue from federal funds **AND** the recipient received \$25 million or more of its annual revenue from federal funds please answer the questions below:

- ❖ Are you registered in SAM.gov? Yes or No
If “YES” you can stop here.
If the answer is “No” please answer the following questions:
 - In the preceding fiscal year did recipient receive 80% or more of its annual gross revenue from federal funds? Yes or No
 - In the preceding fiscal year did recipient receive \$25 million or more of its annual gross revenue from federal funds? Yes or No
 - Is the “total compensation” for the organization’s five highest paid officers publicly listed or otherwise listed in SAM.gov? Yes or No
 - If the answer is “Yes” no further information is needed
 - If the answer is “No” please provide this information for the five highest compensated officers. If there is less than five, please fill blank spaces with “N/A” for name and “\$0” for compensation
 - Total compensation means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year: salary and bonus; awards of stock, stock options and stock appreciation rights; earnings for services under non-equity incentive plans.

No.	Name	Total Compensation
1		
2		
3		
4		
5		

CONTRACTOR: By: _____ Date: _____