

**Texas Higher Education Coordinating Board  
Federal Funding Accountability and Transparency Act (FFATA) Certification**

**A. Certification Regarding Percent (%) of Annual Gross from Federal Awards:**  
Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?

- Yes            If yes, continue to question B.  
 No             If no, questionnaire is complete. Please sign section E. Thank you!

**B. Certification Regarding Amount of Annual Gross from Federal Awards:**  
Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?

- Yes            If yes, continue to question C.  
 No             If no, questionnaire is complete. Please sign section E. Thank you!

**C. Certification Regarding Public Access to Compensation Information:**  
Does the public have access to information about the highly compensated officers/senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) 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, questionnaire is complete. Please sign section E. Thank you!  
 No             If no, please complete Section D.

**D. Top Executive Disclosure Requirements:**  
Provide the names and total compensation of the top five most highly compensated officers/senior executives for the preceding fiscal year below. Please see 2 C.F.R. Part 170, including its Appendix A for guidance. After completing section D, please sign section E. Thank you!

<b>Name of Top Executives</b>	<b>Annual Compensation</b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

**E. Signatures:**  
As the duly authorized representative (Signor) of the Contractor/Grantee, I hereby represent and warrant that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge and are consistent with FFATA (31 U.S.C. § 6101 note), as amended, and its implementing regulations including 2 C.F.R. Part 170. I further represent and warrant that I will provide THECB will any and all information which may be further needed for THECB to accurately report to the federal government pursuant to FFATA.

Organization Name: \_\_\_\_\_  
Unique Entity ID Number: \_\_\_\_\_  
Zip code(s) in which services will be performed: \_\_\_\_\_  
Signer Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_