DWS-ADM 515B Rev. 10/2024



Appendix E: FFATA CERTIFICATION BY THE SUBRECIPIENT (Not required for State Agencies and Component Units)

State of Utah

Department of Workforce Services

Organization Name:		
your business or organization's precentity to which this specific SAM recently 80 percent or more of your an grants, subgrants, and/or coop (2) \$25,000,000 or more in annual grants, subgrants, and/or coop NO: Skip to Attestation below	ost highly compensated executives, is eding completed fiscal year, did your ord, represented by a UEI number, but nual gross revenues in U.S. federal operative agreements; and all gross revenues from U.S. federal of	if the following requirements are met. In business or organization (the legal elongs) receive: contracts, subcontracts, loans, contracts, subcontracts, loans,
Executive Compensation		
Name	Title	Total Compensation Level*
1		
2		
3		
4		
5		
 subrecipient's preceding fiscal year at 1) Salary and bonus. Awards of stock, stock options financial statement reporting prinancial Accounting Standard Earnings for services under not hospitalization or medical rein available generally to all salard Change in pension value. This plans. Above-market earnings on defence of the compensation, if the agent and the compensation of the compensation. 	and includes the following (for more in a second includes the following (for more in a second includes the following (for more in a second includes the fiscal year of the fiscal year o	the dollar amount recognized for ar in accordance with the Statement of 123R), Shared Based Payments. not include group life, health, inate in favor of executives, and are efined benefit and actuarial pension
By signing, you attest that the organ Knowingly providing false or mislead Section 1001 of the US Criminal Cod	ization information and certification pation information may result in crimina	
Chief Executive Officer or Designee, Signature:		Date:
Name and Title:		