

ANNUAL EXECUTIVE COMPENSATION DISCLOSURE SURVEY



Executive compensation disclosure is a requirement for private organizations receiving public funds. As a recipient or sub-recipient of state and/or federal financial assistance, the Department of Health requires that this **Survey** be completed and submitted annually to disclose your organization's status with state and federal executive compensation pay scale requirements.

Business Legal Name		Street Address Including City, State, and ZIP Code
Telephone		8YdUffra YbhContract #
Email		UEI #
FEIN/Tax Id		Parent FEIN/Tax Id (if different)

Reporting Requirement

Enter Your Organization's Total Annual Operating Budget Amount _____

- Operating Budget Amount Received from State Funds
- Operating Budget Amount Received from Federal Funds
- Operating Budget Amount Received from Other Funds

[Check here if your organization is registered as a "For-Profit" entity with the Internal Revenue Service \(IRS\)](#)

Signature	<input type="text"/>	Name	<input type="text"/>
	<i>Signature of Authorizing Official (Owner/CEO/CFO etc.)</i>		<i>Name/Title of Authorizing Official (Print on form)</i>
Date of Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>MM</i>	<i>DD</i>	<i>YYYY</i>

INSTRUCTIONS FOR COMPLETING THE FDOH EXECUTIVE COMPENSATION DISCLOSURE SURVEY

This SURVEY must be completed by all organizations (non-profits and for-profits) who are awarded with state appropriation funds (federal/state) as a recipient of state financial assistance or as a sub-recipient of federal financial assistance. Please use the instructions below as a guide for completing each section of the attestation survey.

The following definitions apply to this form:

- a) Executive means officers, managing partners, or any other employees in management positions.
- b) Total compensation means the cash and noncash dollar value earned by the executive during the organization's most current reporting fiscal year.

Business Legal Name	Street Address Including City, State, and ZIP Code
Telephone	FDOH Contract #
Email	UEI/DUNS #
FEIN/Tax Id	Parent FEIN/Tax Id (if different)
Business Legal Name	Insert the exact name as shown on the IRS Tax Id registration certificate, Florida Sunbiz, MFMP registration or the organization name on the FDOH contract agreement. If the contract legal name is different from the registered legal name, please coordinate with your FDOH Contract Manager.
Street Address	Insert the mailing or physical address, including zip code, your organization uses for formal communications. This address may be different from the operating address/es where clients receive services.
Telephone	Provide a direct ten-digit phone number, including extension number when applicable, for follow-up questions and inquiries.
FDOH Contract #	Insert all contract numbers for which your organization received from FDOH assets (equipment) and/or cash receipts during the reporting fiscal year.
Email	Please provide a secure email address for official business communications with FDOH.
UEI #	Obtaining a UEI number is a requirement for all grantees of federal funds. If your organization is funded with any federal funds (e.g., your contract agreement is labeled with an Assistance Listing Number (ALN, formerly CFDA)), please input your assigned Unique Entity Identifier (UEI) number in this box.
FEIN/Tax Id	Please insert your exact nine-digit, registered Tax Identification number. This should be the same as the Tax Id number on the FDOH contractual agreement. If different, please coordinate with your FDOH Contract Manager.
Parent FEIN/Tax Id	If your organization is a franchise, affiliate, or reports to a higher group or organization, please include the parent (higher level) or affiliate organization's Tax Id number.

Reporting Requirement for Annual Operating Budget

Total Annual Operating Budget Amount	For this question, please add all the revenues and assets your organization received last year from all sources (federal, state, local, fees, third party billings, etc.). **Please note, this amount represents your total operating budget and cannot be less than the total amounts you report in the next three questions from contracts/grants. This must be the total of all assets and revenues (grants included).
• Operating Budget Amount Received from State Funds	Please enter the total amount of all contracts/grants your organization received that were identified in the award/contract document with a "Catalogue of State Financial Assistance (CSFA)" Number. Those contracts could have been awarded to your organization directly from a state of Florida Agency or as a pass-through from a non-state entity who had received the funds directly from the state of Florida government.
• Operating Budget Amount Received from Federal Funds	Please enter the total amount of all contracts/grants your organization received that were identified in the award/contract document with an "Assistance Listing Number (ALN)" (formerly CFDA Number). Those contracts/grants could have been awarded to your organization directly from a state of Florida Agency or as a pass-through from a non-state entity who had received the grant directly from a Federal agency or the state of Florida.
• Operating Budget Amount Received from Other Funds	Please enter the total amount of all other fund sources your organization received that were not included above under state/federal funds, or were not received under an "Assistance Listing Number (ALN)" (formerly CFDA Number) or a Catalogue of State Financial Assistance (CSFA)" Number. Those other funds are usually awarded by local private (for-profit or not-for-profit) organizations, local government municipalities or third party billing, co-payments, fees, etc..