

# EXECUTIVE COMPENSATION DISCLOSURE AND ATTESTATION SURVEY



## Guidance

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<br>Including City, State,<br>and ZIP Code |  |
| Telephone           |  | Department Contract #                                    |  |
| Email               |  | EUI (a.k.a. DUNS) #                                      |  |
| FEIN/Tax Id         |  | Parent FEIN/Tax Id (if different)                        |  |

## Reporting Requirement

Enter Your Organization's Total Annual of Operating Budget

- Operating Budget Amount from State Funds \_\_\_\_\_
- Operating Budget Amount from Federal Funds \_\_\_\_\_
- Operating Budget Amount from Other Funds \_\_\_\_\_

☐ [Check here if your organization is "Exempt" from IRS 990 filing](#)

## Attestation Statement

☐ I attest that no salary/compensation benefits were allocated to FDOH program funds in excess of the Federal Executive Pay Scale threshold for Level II - \$197,300 ([Click Here to access the Pay Table](#)).

Signature

*Signature of Authorizing Official (Owner/CEO/CFO etc.)*

Name

*Name/Title of Authorizing Official (Print on form)*

Date of Signature

MM

DD

YYYY

## INSTRUCTIONS FOR COMPLETING THE FDOH EXECUTIVE COMPENSATION DISCLOSURE AND ATTESTATION SURVEY

This SURVEY must be completed by all organizations (non-profits and pro-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.

**Definitions.** as used in 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<br>Including City, State,<br>and ZIP Code |
| Telephone           | FDOH Contract #                                          |
| Email               | UEI/DUNS #                                               |
| FEIN/Tax Id         | Parent FEIN/Tax Id (if<br>different)                     |

  

|                     |                                                                                                                                                                                                                                                                                                                               |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business legal Name | Insert the exact name as shown on the IRS Tax Id registration certificate, Florida Sun Biz, 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 and contact your FDOH's assigned Contract Manager.           |
| Street Address      | Input the mailing or physical address including zip code your organization uses for formal communication. This address may be different from the operating address/es where clients receive services                                                                                                                          |
| Telephone           | Provide a direct ten (10) digits phone contact including extension number when applicable for follow up questions and inquiries.                                                                                                                                                                                              |
| FDOH Contract #     | Insert all contract numbers for which your organization either received from FDOH as 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/DUNS #          | Obtaining a DUNS 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 DUNS or your assigned Unique Entity Identifier (UEI) number in this box. |
| FEIN/Tax Id         | Please insert your exact nine (9) digits 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 assigned Contract Manager.                                                                                      |
| Parent FEIN/Tax Id  | If your organization is either a franchise, affiliate or report to a higher group or organization, please include her the parent (higher level) or affiliate organization's Tax Id number.                                                                                                                                    |

| <a href="#">Disclosure Requirement of Annual Operating Budget</a>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total Annual Operating Budget                                                                                                                                                                                                                                                                                                                                                 | 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.). This includes all the contract or grant amounts you reported in the previous question as grants plus all other assets and revenues that were not reported in the previous question as contract and grant Funding. **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).                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>• Total Amount from State Grant Funds</li> </ul>                                                                                                                                                                                                                                                                                       | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>• Total Amount from Federal Grant Funds</li> </ul>                                                                                                                                                                                                                                                                                     | Please enter the total amount of all contracts/grants your organization received that were identified in the award/contract document with a "Catalogue of Federal Domestic Assistance (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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• Total Amount from Federal Grant Funds</li> </ul>                                                                                                                                                                                                                                                                                     | <p>Please enter the total amount of all contracts/grants your organization received that were identified in the award/contract document without a "Catalogue of Federal Domestic Assistance (CFDA)" Number or a Catalogue of State Financial Assistance (CSFA)" Number. Those contracts/grant funds are usually awarded by local private (for-profit or not-for-profit) organizations or local government municipalities.</p> <ul style="list-style-type: none"> <li>• Once completed, move to the <b>“Attestation Box”</b> section for completion, signature, and submission</li> </ul>                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> <b>Check here if your organization is “Exempt” from IRS 990 filing.</b><br>Checking this box indicates the following: <ul style="list-style-type: none"> <li>• your organization is classified either as a “for-profit organization” or “non-profit exempt organization” and under the IRS Form 990 reporting requirements for exemption.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> <b>I attest that no salary/compensation benefits were allocated to FDOH program funds in excess of the Federal Executive Pay Scale threshold for Level II - \$197,300 (<a href="#">Click Here to access the Pay Table</a>).</b>                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Attestation Check Box                                                                                                                                                                                                                                                                                                                                                         | <p>This box Must be checked with an authorizing signature to be considered as a valid submission. Checking this box indicates to the following;</p> <ol style="list-style-type: none"> <li>1. No individual in your Executive Team received a salary/compensation package greater than the published Federal Executive Pay Scale Threshold (Level II).</li> <li>2. If the total compensation for any of the top paid executive exceeds the federal threshold, your organization Must submit a separate attachment detailing fund source/s of where the excess salary/compensation amounts are paid or covered by. The attestation signature means that no salary/compensation more than the federal threshold was paid from federal/state/other grant funds.</li> <li>3. Please provide and print the name/title and date of the authorizing signature official who is attesting for the accuracy of this submission.</li> </ol> |