*In accordance with* ***Public Law 109-282*** *and* ***FAR 52.204-10, “Reporting Executive Compensation for First-Tier Subcontract Awards”****, Subcontractor is hereby required to provide certain information pertaining to the compensation of Executives in order to be eligible for this Subcontract Award.*

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| **Subcontractor Information** |
| **Subcontractor DUNS Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Subcontractor Parent Company DUNS Number:** (*if applicable)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Primary Location for Performance of Subcontract:** (*City, State, Country, Zip)**\*\*must include 9-digit zip code and Congressional District* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Subcontract Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Questions *(Please answer the following question(s) in connection with this requirement.)*** |
| 1. **Did your Organization in the previous tax year have a gross income from all sources greater than $300,000?**
 |
| [ ]  **Yes** [ ]  **No**  |  |
| *If you answered,* ***No*** *to Question 1, you are exempt from this reporting requirement. Please sign in the spaces provided below and return this certification to the ORAU Contract Specialist. If you answered* ***Yes,*** *please answer the following additional questions.* |
| 1. **Did your company receive 80% or more of its’ annual gross revenues from Federal Contracts (and Subcontracts), loans, grants (and sub-grants) and cooperative agreements in the preceding fiscal year?**
 |
| [ ]  **Yes** [ ]  **No**  |  |
| 1. **Did your company receive $25,000,000 or more in annual gross revenues from Federal Contracts (and Subcontracts), loans, grants (and sub-grants) and cooperative agreements in the preceding fiscal year?**
 |
| [ ]  **Yes** [ ]  **No**  |  |
| 1. **Does the public *NOT* have access to information about the compensation of your company’s executives through periodic reports filed under 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*?**

***(To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission* *total compensation filing at*** [**http://www.sec.gov/answers/execomp.htm**](http://www.sec.gov/answers/execomp.htm)**.)** |
| [ ]  **Yes** [ ]  **No**  |  |
| *If the answers to Questions 2, 3, and 4 are* ***all******Yes****, you are required to provide the names and total compensation of each of the five (5) most highly compensated executives in your organization as part of this certification, and on an annual basis for the life of this Subcontract. Provide the compensation information below. Please note that required by public law and* ***FAR 52.204-10(b)****, ORAU will report this information to the Government, and this information will be made public. Further, please note your continuing obligation to immediately notify ORAU in writing of any changes to previously reported information.*  |
| **Executive Compensation Information** |
|  | **Name** | **Total Compensation***(as defined in FAR 52.204-10(a))* |
| **Executive 1** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Executive 2** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Executive 3** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Executive 4** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Executive 5** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

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| *This Certification concerns a matter within the jurisdiction of an agency of the United Sates and making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under* ***Section 1001, Title 18, United Sates Code****.*  |
|  |  |  |
| *Company* |  |  |
| *Printed Name* |  | *Signature* |
| *Title* |  | *Date* |

|  |
| --- |
|  ***(for ORAU Internal Use Only)*** |
| ***Prime Contract #:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| ***Prime Contract Place of Performance:****City, State, Country, Zip+4, Congressional District* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| ***Amount of Subcontract Award:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| ***Date of the Subcontract:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| ***Description of Products/Services Provided:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |