

## **Sierra Nevada Corporation Federal Funding and Transparency Act (FFATA)**

This contract is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). FFATA requires SNC to report on all awards that equal or exceed \$30,000 that are issued in support of a federally funded contract where SNC is the Prime contractor. The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent (see www.usaspending.gov).

| Subcor                             | ntractor: Please provide the following information.   |
|------------------------------------|---|
| 1.                                 | Name of Subcontractor Organization:   |
| 2.                                 | Address of Subcontractor:   |
|                                    | City, State, Zip (must be in 9-digit format):   |
|                                    | Congressional District:   |
| 3.                                 | Address where work will be performed, if different from above:  |
|                                    | City, State, Zip (must be in 9-digit format):   |
|                                    | Congressional District:   |
| <ol> <li>4.</li> <li>5.</li> </ol> | Subcontractor DUNS Number:  Note: If Subcontractor does not have a DUNS number, it must register and obtain one at <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> .  Parent DUNS Number, if a subsidiary or controlled by a Parent organization:   |
| 6.<br><b>Note:</b>                 | Check box to certify that Subcontractor is registered in the System for Award Management (SAM).  If Subcontractor is not registered in SAM, it must register online at <a href="https://www.sam.gov/portal/public/SAM/">https://www.sam.gov/portal/public/SAM/</a> .  |
| 7.                                 | In the preceding fiscal year:  1. Supplier did derive 80% or more of its annual gross revenues from Federal contracts (and subcontracts), loans, grants (and sub-grants) and cooperative agreements; and  2. Supplier did receive \$25,000,000 or more of annual gross revenues from Federal contracts in the fiscal year preceding this award; and  3. Supplier's Executive compensation is not reported annually to the SEC and is not available to the public; |

4. In the previous tax year supplier's gross income from all sources did not exceed \$300,000.

5. None of the above are applicable.



Note: If Blocks 1 through 3 are all checked, then SNC is required to report executive compensation. Completion of below is required.

|                                       |  | Name  |  | Total   | Compensation*                                     |  |  |
|---------------------------------------|--|---|--|---|---|--|--|
|                                       | 1  |   |  |   |   |  |  |
|                                       | 2  |   |  |   |   |  |  |
|                                       | 3  |   |  |   |   |  |  |
|                                       | 4  |   |  |   |   |  |  |
|                                       | 5  |   |  |   |   |  |  |
| 8.                                    | *"Total Compensation" means the cash and non-cash dollar value earned by the executive during subcontractor's preceding fiscal year and includes the following: salary and bonus; awards of stock; s options; and stock appropriation rights; earnings for services under non-equity incentive plans; che in pension value; above-market earnings on deferred compensation which is not tax- qualified; other compensation as defined in Federal 2 CFR Part 170, Section 170.330(b)(5)(vi).  Name of person completing this form:  Signature   |   |  |   |   |  |  |
|                                       | Title:   |   |  | Date:   |   |  |  |
|                                       | Title  | :   |  | -   | Date:   |  |  |
|                                       | End  | date of Vendo   |  | Day   | y of Month  |  |  |
|                                       | End<br>(This   | date of Vendo<br>s form is valid<br>e completed b   | or's Fiscal Year: Month<br>for the 12 month period follow<br>by SNC Buyer:   | Day<br>ving the end of the vendor's                                       | y of Month  |  |  |
|                                       | End<br>(This   | date of Vendo<br>s form is valid<br>e completed b   | r's Fiscal Year: Month<br>for the 12 month period follow   | Day<br>ving the end of the vendor's                                       | y of Month  |  |  |
| Buyer na                              | End<br>(This   | date of Vendo<br>s form is valid<br>e completed b   | or's Fiscal Year: Month<br>for the 12 month period follow<br>by SNC Buyer:   | Day<br>ving the end of the vendor's                                       | y of Month<br>prior fiscal year.)                 |  |  |
| Buyer na<br>PO/Subc<br>1.<br>2.<br>3. | End (This tion to be tion to be to be tivery Descript  | date of Vendos form is valid e completed b No.: complete the ontract Numbe                                | r's Fiscal Year: Month for the 12 month period follow  y SNC Buyer:  following if the total by Prime  r:  s/Services Ordered:  | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month  |  |  |
| Buyer na<br>PO/Subc<br>1.<br>2.<br>3. | End (This tion to be tion to be to be the Contract Note to be Contract Note to be the Contract Note to be the Contract Note to | date of Vendos form is valid  e completed b  No.:  complete the ontract Number order No.:  ion of Product | r's Fiscal Year: Month for the 12 month period follow  y SNC Buyer:  following if the total by Prime  r:  s/Services Ordered:  | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month  |  |  |
| O/Subc  1. 2. 3. 4.                   | End (This tion to be tion to be to be the Contract Note to be Contract Note to be the Contract Note to be the Contract Note to | date of Vendos form is valid  e completed b  Vecomplete the ontract Number order No.:                     | or's Fiscal Year: Month for the 12 month period follow by SNC Buyer:  following if the total by Prime or:  s/Services Ordered: | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month s prior fiscal year.)  seeds \$30,000: |  |  |
| PO/Subc<br>1.<br>2.<br>3.<br>4.       | End (This tion to be tion to be to be the Contract Note to be Contract Note to be the Contract Note to be the Contract Note to | date of Vendos form is valid  e completed b  Vecomplete the ontract Number order No.:                     | or's Fiscal Year: Month for the 12 month period follow by SNC Buyer:  following if the total by Prime or:  s/Services Ordered: | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month s prior fiscal year.)  seeds \$30,000: |  |  |
| PO/Subc<br>1.<br>2.<br>3.<br>4.       | End (This tion to be tion to be to be the Contract Note to be Contract Note to be the Contract Note to be the Contract Note to | date of Vendos form is valid  e completed b  Vecomplete the ontract Number order No.:                     | or's Fiscal Year: Month for the 12 month period follow by SNC Buyer:  following if the total by Prime or:  s/Services Ordered: | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month s prior fiscal year.)  seeds \$30,000: |  |  |
| PO/Subc<br>1.<br>2.<br>3.<br>4.       | End (This tion to be tion to be to be the Contract Note to be Contract Note to be the Contract Note to be the Contract Note to | date of Vendos form is valid  e completed b  Vecomplete the ontract Number order No.:                     | or's Fiscal Year: Month for the 12 month period follow by SNC Buyer:  following if the total by Prime or:  s/Services Ordered: | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month s prior fiscal year.)  seeds \$30,000: |  |  |
| PO/Subc<br>1.<br>2.<br>3.<br>4.       | End (This tion to be tion to be to be the Contract Note to be Contract Note to be the Contract Note to be the Contract Note to | date of Vendos form is valid  e completed b  Vecomplete the ontract Number order No.:                     | or's Fiscal Year: Month for the 12 month period follow by SNC Buyer:  following if the total by Prime or:  s/Services Ordered: | Day ving the end of the vendor's  Order Date:  Contract No. equals or exc | y of Month s prior fiscal year.)  seeds \$30,000: |  |  |



For procurements where multiple prime contracts are included in a single Purchase Order/Subcontract, the Buyer shall complete a separate section for each Prime Contract whose aggregate dollars exceed \$30K.

| Buyerı | name:                   |                                 |                             |                         |  |  |  |  |
|--------|-------------------------|---------------------------------|-----------------------------|-------------------------|--|--|--|--|
|        |                         |                                 |                             |                         |  |  |  |  |
|        | Only complete the       | following if the total by Prime | Contract No. equals or exce | eeds \$30,000:          |  |  |  |  |
| 1.     | Prime Contract Number   | ::                              |                             |                         |  |  |  |  |
| 2.     | Delivery Order No.:     |                                 |                             |                         |  |  |  |  |
| 3.     |                         | /Services Ordered:              |                             |                         |  |  |  |  |
| 4.     | Initial Contract Value: |                                 |                             |                         |  |  |  |  |
| 5.     | FFATA Rev No.           | PO Change Order No.             | Date of Change              | <b>Amount of Change</b> |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |
|        |                         |                                 |                             |                         |  |  |  |  |