

Federal Funding Accountability and Transparency Act Data Collection Form

Federal funds that support this agreement between your organization and the Department of Health (DOH) require compliance with the Federal Funding Accountability and Transparency Act (ACT). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

Your organization must have a Unique Entity Identifier (UEI) to comply with the ACT. Contact the System for Award Management (SAM) at www.SAM.gov if you don't know your organization's UEI, or need to get a free UEI. DOH also encourages registration with the System for Award Maintenance (SAM) to reduce data entry by both DOH and your organization. Register with SAM free of charge at <https://uscontractorregistration.com>. DOH will report information about your organization and this agreement to the federal government as required by Title 2 CFR, Part 25. The public can view this information on the federal government website www.USASpending.gov.

SUBRECIPIENT

1. Legal Name County of Lewis		2. UEI Number PAEFFMRVTLZ6	
3. Principal Place of Performance 351 NW North St			
3a. City Chehalis		3b. State WA	
3c. Zip+4 98532-1926		3d. Country United States	
4. Are you registered in SAM? ☒ YES (If yes, skip to signature block. Sign, date and return) ☐ NO (If no, complete section 5)			
5. In the preceding fiscal year did your organization: a. Receive 80% or more of annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; and b. \$25,000,000 or more in annual gross revenues from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; and c. The public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986. ☒ NO (skip to signature block. Sign, date and return) ☐ YES (you must report the names and total compensation of the top 5 highly compensated officials of your organization).			
Name of Official		Total Compensation	
1.			
2.			
3.			
4.			
5.			
Note: "Total compensation" for purposes of this requirement generally means the cash and non-cash value earned by the executive during the past fiscal year and includes salary and bonus; awards of stock, stock options and stock appreciation rights; and other compensation such as severance and termination payments, and value of life insurance paid on behalf of the employee, and as otherwise provided by FFATA and applicable OMB guidance.			

By signing this document, the Authorized Representative attests to the information.

Signature of Authorized Representative  Meja Handlen (Dec 18, 2024 16:12 PST)	Print Name Meja Handlen	Date 12/18/24
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The Department of Health will not endorse your sub-award until this form is completed and returned.

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FOR DEPARTMENT OF HEALTH USE ONLY

DOH Contract Number

CLH32057

Sub-award Project Description

Instructions for Sub-award Project Description:

In the first line of the description provide a title for the sub-award that captures the main purpose of the subrecipients work. Then, indicate the name of the subrecipient and provide a brief description that captures the overall purpose of the sub-award, how the funds will be used, and what will be accomplished.

Example of a Sub-award Project Description:

Increase Healthy Behaviors: Educational Services District XYZ will provide training and technical assistance to chemical dependency centers to assist the centers to integrate tobacco use into their existing addiction treatment programs. Funds will also be used to assist centers in creating tobacco free treatment environments.