

**FEDERAL FUNDING ACCOUNTABILITY AND  
TRANSPARENCY ACT OF 2006 (FFATA)  
FORM**

<b>AWARD NO./CONTRACT NO.</b>	
<b>ORGANIZATION NAME</b>	
<b>CONTACT PERSON</b>	
<b>PHONE NUMBER</b>	

<b>DUNS NUMBER</b>	
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**EXECUTIVE COMPENSATION INFORMATION**

Did you receive 80% of your annual gross revenues in the preceding fiscal year from federal awards and did you receive \$25,000,000 or more in annual gross revenues from federal awards.    Yes\_\_\_ No\_\_\_

If you answered yes to both questions, please complete the executive compensation information below.

Website Yes \_\_\_ No \_\_\_ (if yes, please provide website address)

Website Address \_\_\_\_\_

If no website exists, please provide the executive compensation information below:

**TOP 5 EXECUTIVE COMPENSATION (if not published on public website)**

YEAR	TITLE	ANNUAL AMOUNT

***Please sign below and submit completed form to:***

California Department of Social Services  
CalFresh Outreach Program  
744 P Street MS 8-9-32  
Sacramento, CA 95814

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the funds in this organization and that the information provide on this FFATA form is accurate and true to the best of my knowledge.

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Authorized Signature / Title

Date