



Federal Funding Accountability and Transparency Act (FFATA) Request Form

Grant Administrator's Name: [] Date: []

Section A: To Be Completed By University of New Orleans

* - if applicable

Subaward Number: [] Federal Award Identifier: []

Name of Entity: []

Task Order: [] Federal Award Modification Number*: []

Federal Award Modification Code (for contracts)*: []

Date of Award: [] Award Amount: []

Award Title Description: []

Transaction Type: []

Funding Agency Name: []

Funding Agency Code: [] NAICS Code (contracts only)*: []

CFDA Number: [] Program Source: []

Section B: To Be Completed By Subrecipient

* - if applicable

Form field definitions located at: <http://www.grants.gov/assets/FFATAMemo2.pdf>

Are you registered in CCR (<http://www.ccr.gov>)? Yes No

Tax ID Number: [] Parent Entity Tax ID Number: []

DUN & Bradstreet
DUNS Number*: [] Parent Entity DUNS*: []

Parent Entity Email Address*: []

Location of Entity:

Address: [] City: [] State: []

[] Zip+4: [] Country Code: []

[] Congressional District: []

Primary Location of Performance:

City: [] State: [] Zip+4: [] Country Code: []

Congressional District: []