

**Form 1590 Sub Recipient (Project Sponsor) Information**

**Federal Funding Accountability and Transparency Act 2006 (FFATA)**

This section to be complete by district liaison.

**MoDOT District:**

**Project Federal ID Number:**

**Project Dollar Amount (Federal only):**

**Sub-Recipient (Project Sponsor) Information**

Name and Address

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Project Sponsor DUNS Number:**

**Date of Central Contractor Registry (CCR) registration:**

Project Sponsor Annual Gross Revenues Exceed 80% or more in Federal Awards

**Yes**

**No**

Sub-Recipients Annual Gross Revenues Equal or Exceed \$25,000,000

**Yes**

**No**

If either of the above questions are answered NO then project sponsor is exempt from the providing the officer compensation information in the next section.

	Officer Name	Officer Compensation
Project sponsor Highly Compensated Officer		

**Return form with program agreement OR mail, email or fax form to one of the following:**

Missouri Department of Transportation Organizational Results Division 830 MoDOT Drive PO Box 270 Jefferson City MO 65102-0270	Fax Number: 1-573-526-4324 email: emma.jones@modot.mo.gov
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<b>PREPARED BY:</b>	<b>DATE:</b>
Name and Title:	
Phone number:	
Email:	