

**ATTACHMENT E**  
**FWC BOATING ACCESS GRANTS**  
**GRANT RECIPIENT/SUBRECIPIENT FORMS and REQUIREMENTS**

AGREEMENT#

21129

**Quarterly Financial History, Performance, & Status Report (Form 1A and Form 1B):**

The reporting requirements noted in this section are designed to provide the state with sufficient information to monitor grant implementation and goal achievement. To support effective monitoring of the grant, progress reports must be:

1. Completed on a quarterly basis. In order to be considered in compliance with the terms of the Agreement, the required reports must be submitted no later than **15** days after the end of each Quarterly Reporting period.
2. These reports are to include, but not be limited to, the work that has been completed, the work in progress and the timeline of the work left to be completed. If any delays from the original timeline have occurred, specify the reason and revise the completion timeline. Note if ahead of schedule or unexpected cost savings.
3. If expenditures do not occur during the Quarter being reported, a Quarterly Report should still be submitted along with a complete explanation on Forms **1A** and **1B**. Not submitting Quarterly Reports can result in a delay of receiving funds. No funds will be dispersed until all Quarterly Reports are current.

**FORM 1A**

**Completing the Quarterly Report**

1. Fill in the Recipient/Subrecipient contact information to the left: Agency/Organization Name, Address, POC Name and Phone number. Fill in the Agreement number and select the appropriate reporting period and year being reported on using the drop box menu below agreement number.
2. number.

**Financial History**

For each applicable category identify the amount allocated, quarterly funds expended, and total funds expended to date. All shaded cells will auto-populate.

- **Amount Allocated:** Should be aligned with your current budget. Requests for a revised budget shall be preapproved by the FWC Grant Manager and may require execution of an Amendment to the Funding Agreement to modify scope and/or budget.
- **Quarterly Funds Expended:** Should reflect total funds **expended during the period** for which you are reporting.
- **Total Funds Expended:** Should reflect the entire amount of funds **expended up to the last day** of the reporting period.
- **Expenditure(s) Completion Percent:** Will auto-populate and reflect the percent of funds expended based on Amount Allocated and Total Funds Expended.
- **Remaining Balance:** Will auto-populate and reflect the remaining balance based on Amount Allocated and Total Funds Expended.

**Performance Tracking**

For the Performance Tracking section of the reporting form, each Project budgeted on this Agreement should be reported separately to reflect the current status.

- **Project Title:** Identify each project title, (i.e. Moore Haven Marina Seawall, Old Ferry Dock Boat Ramp, etc.)
- **Category:** Select the category associated with the project from the drop-box menu. If the project is associated with multiple categories list the project multiple times on the Project Title section and report accordingly. (i.e. Administration, Contracted Services, Permitting & Inspection Fees).
- **Start Date:** This date should identify the actual start date of the project, if the project has not started list the projected start date.
- **Projected End Date:** List the anticipated end date of the project and/or actual end date of the project.
- **Percentage Completed:** Identify progress made by utilizing percentages, showing how far or near the project is to completion. (0% to 100% scale). For non-construction projects this may be estimated, and for construction projects refer to AIA G-702 form.
- **Funds Allocated (Budget):** Funds allocated should reflect the amount of funds allocated for each project category and should be in agreement with your current budget. If not, submit a request for a revised budget. Requests shall be preapproved by the FWC Grant Manager and may require execution of an Amendment to the Funding Agreement to modify scope and/or budget.
- **Project Status:** Select the appropriate status of the project from the drop-box menu. If Delays, Issues, or Cancellations are selected, please expand on it in the narrative portion of the reporting form.
- **Cumulative Amount Previously Submitted for Reimbursement** Should reflect the total amount of all claims that have been submitted for reimbursement to date. **Total Received** Should reflect the total amount of funds received to date.

**\*\*\*Both Grant Manager and Financial Officer should verify and sign off on this section. \*\*\***

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**FORM 1B**

**Project Status for Reporting Quarter**

Provide a detailed narrative status update for all projects.

**Timeline of Events for Reporting Quarter**

List project activities and milestones (i.e. P.O., Contract Executed, etc.) by date, followed by a brief description of the milestone. Also include whether the project will be completed on schedule. If not, indicate the timeframe for completion, reason for the delay and the effect of these challenges on the remaining schedule for achieving the other objectives of the project.

**Other**

List any additional project information.

**Technical Assistance**

If technical assistance is needed, please indicate the type of technical assistance required.

**Recipient/Subrecipient POC needs to sign certifying that the information provided within the quarterly report is true and the cost(s) are valid cost(s) incurred in accordance with the Project Agreement.**

**FORM 2**

**Completing Reimbursement Request FORM 2**

1. Fill in the Recipient/Subrecipient contact information to the left: Agency/Organization Name, Address, POC Name and Phone Number.
2. Fill in the Agreement number and reimbursement information.

- **Agreement Amount:** Should reflect the amount of the actual Agreement.
- **Submission Date:** Date reimbursement request is sent to State Administrative Agency for processing.
- **Payment #:** Should be the numeric value representing the reimbursement submission in sequential order. (i.e. 1,2,3...etc.)
- **Payment Amount:** Should reflect the total amount being requested for reimbursement.
- **Funds Expended During the Period:** This should reflect the timeframe funds were expended for the purchase and/or service.
- **Category Table:** This should reflect the amount claimed against each category.
- **Total Expenditures:** Should auto-populate and reflect the amount being claimed.

**FORM 3**

**Detail Of Claims**

1. Fill in your Agency/Organization Name and Agreement number.

Complete this form separately for each category claimed. Select the appropriate category and itemize all costs within that category that are applicable to the reimbursement request.

2. to the reimbursement request.
  - **Vendor:** Indicate the vendor used for purchase/service.
  - **Date Paid:** Date should indicate the date the payment was made for the purchase and/or service.
  - **Check #:** Indicate check number or payment form if check was not utilized. (i.e. ETF for electronic funds transfer)
  - **Description:** Brief description of purchase/service provided.
  - **Amount:** This should only indicate the amount claiming for reimbursement. If the amount claiming is less than the invoice or check, indicate that on description section or notate on backup document.

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**FORM 4**

**Instructions for Completing the Time and Effort Reporting (if applicable)**

- According to Federal cost principals employees/contract employees who are paid in full or partially from federal sources must document their time in the form of personnel activity reports (Time and Effort Reports).
- All subrecipient Agreements that contain Administration cost are required to submit a Time and Attendance Report as part of their reimbursement packet. This includes when Administration/Contract Management are claimed as In-Kind Cost Share (Match).
- The Time and Effort Report must account for all activity in which the employee/contract employee is being compensated and not merely the activity being requested for reimbursement to a specific Funding Agreement.
- The report should reflect an after-the-fact distribution of time associated with each activity/project by the employee/contractor.
- Subrecipients must use the attached Time and Effort Reporting to account for an employee/contractor actual time by activity/project and must account for 100% of the time the individual is being compensated from the grant.
- Charges for sick time, vacation, holiday and all costs associated with fringe benefits or employee related expenses shall be allocated at proper percentages. A Recipient/Subrecipient may not charge more hours to a Funding Agreement for such expenses than that Recipient/Subrecipient is charged for the employee/contract employee compensation. As an example, if a Time and Effort Report shows that he or she spent 8 hours of his or her time on boating access project activity, no more than the corresponding percentage (activity time divided by contracted hours) of his or her fringe benefit charges may be applied to that Funding Agreement. If that employee/contract employee is paid from multiple boating access projects, fringe benefit charges may only be applied to each individual project Funding Agreement at the percentage that the employee/contract employee's time is charged to each individual project Funding Agreement.
- Subrecipients are responsible for the proper allocation to Administration charges as they relate to personnel costs. Grant guidance should be used as a resource to determine the differences and allowability. Supervisors signing the Time and Effort Report are attesting that the report and distribution of time meets the requirements as stated in grant guidance, and your Funding Agreement.

**FORM 5**

**Instructions for Completing the Certification of Completion Statement**

- Indicate the grant program from which funding was received.
- Enter FWC Agreement number if not already populated.
- Print your name and title and the entity name which is reflected on the funding agreement.
- Sign and date form. Within thirty (30) days of completion of the project, submit Form 5 to the FWC grant manager **with photos** documenting the project to include all deliverables which received funding from the grant. FWC will complete the rest of the form.

**FORM 6**

**Completing the Final Project Closeout Report**

Fill in the Subrecipient contact information: Subrecipient Agency/Organization Name, Address, Agreement #, Agreement Amount, Agreement Period of Performance (Execution date to end date).

- **Total Expenditures:** Indicate the amount expended per category and cumulative amount expended.
- **Agreement Amount:** Agreement amount taking account any modification made to the agreement.
- **Deobligated Funds:** Cumulative amount of funds not being used and will be reverted back to the state.

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**Date Expenditure(s) Payment Received**

Indicate the date(s) that your payment(s) from the State for your reimbursement request(s) was/were received by your organization and the amount of the payment.

- **Was income earned on the project during the Period of Performance?:** Program income is gross income earned by a Recipient/Subrecipient that is directly generated by a grant-supported activity, or earned as a result of the grant, during the grant period. Was incomes earned as defined? If yes, include a check for the income with the close-out report.
- **Were Funds Expended in accordance with Agreement terms?:** All expenditures should be in accordance with applicable policies and procedures: Federal, State, and Local level, including agreement terms. If any costs were reimbursed but determined later to be ineligible for funding, refund of funds is required within thirty (3) calendar days of completion of the project.
- **All Quarterly reports submitted up to current reporting period:** Quarterly reports must be submitted from the period in which the Agreement was executed up to the period in which the close-out is approved. If close-out approval process is extended into an additional quarter due to corrections needed by the Recipient/Sub-Recipient, the Recipient/Sub-Recipient must submit a report for that additional period.

**Program Income, Refund And/or Final Interest Check**

Any funds owed to the FWC must be returned within thirty (30) calendar days of project completion. Please contact your grant manager if you owe the FWC funds for any reason.

**Grant Manager and Financial Officer needs to sign certifying that the information provided within the close-out is true and the cost(s) are valid cost(s) incurred in accordance with the Agreement.**

**FORM 7**

**Post Award Use & Access Annual Report**

Fill in the Subrecipient contact information: Subrecipient Agency/Organization Name, Address, Agreement #, Agreement Amount, Agreement Period of Performance (Execution date to end date).

- **Total Expenditures:** Indicate the amount expended per category and cumulative amount expended.
- **Agreement Amount:** Agreement amount taking account any modification made to the agreement.
- **Deobligated Funds:** Cumulative amount of funds not being used and will be reverted back to the state.

**FORM 8**

**Subcontractor List**

- Fill in the names of any companies which are intended to be selected to implement work under this Agreement. Submit list to Grant Manager prior to entering into a contract so that applicable review and verification may be completed. Include the DUNS (Dun & Bradstreet) or Unique Identifier for each company.

**STATE OF FLORIDA  
FWC BOATING ACCESS GRANTS  
FINANCIAL HISTORY & PERFORMANCE TRACKING  
ATTACHMENT E - FORM 1A**

**Recipient/Subrecipient**

**AGREEMENT#** 21129

**QUARTERLY REPORTING DUE DATES**

*(Drop box list below select the quarter of activity being reported along with year)*

**Period:**

**Financial History Report**

For directions click link

[Instructions](#)

Shaded cells are calculated for you. You do not need to enter anything into them.

Category	Total Allocated	Quarterly Funds Expended	Total Funds Expended	Expenditure(s) Percent	Remaining Balance
Administration Costs (max 5% of total)				#DIV/0!	\$ -
Contracted Services				#DIV/0!	\$ -
Permitting & Project Inspection Fees				#DIV/0!	\$ -
Site Preparation				#DIV/0!	\$ -
Demolition & Removal				#DIV/0!	\$ -
Construction				#DIV/0!	\$ -
Equipment (Rental or In-Kind Use)				#DIV/0!	\$ -
Contingency Costs				#DIV/0!	\$ -
Other Costs				#DIV/0!	\$ -
Pre-Award Costs				#DIV/0!	\$ -
<b>Total Expenditures</b>					<b>\$ -</b>

**Performance Tracking**

Project Title	Category	Start Date	Projected End Date	Percentage Completed	Funds Allocated (Budget)	Project Status
<b>TOTAL (or Average Percentage)</b>				<b>#DIV/0!</b>	<b>\$ -</b>	

Cumulative Amount Previously Submitted for Reimbursement \_\_\_\_\_

Total Received \_\_\_\_\_

**I hereby certify that the above cost are true and valid cost incurred in accordance with the project agreement.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Grant Manager**

**I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Financial Officer**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**FWC BOATING ACCESS GRANTS  
Quarterly Status Report  
ATTACHMENT E - FORM 1B**

**Recipient/Subrecipient**

**AGREEMENT#** 21129

**INSTRUCTIONS**

**For instructions on completing**

*click the HELP button*

**PROJECT STATUS** (Provide a status for each Category with an allocation. i.e. Permitting, Demolition, Construction, etc.)

**TIMELINE OF EVENTS FOR REPORTING PERIOD**

**OTHER** (Optional) - Can report internal expenditures not yet claimed and/or any projected balance, project delays and reason (i.e. cost savings, permits, etc.).

**TECHNICAL ASSISTANCE**

Is technical assistance needed: \_\_\_\_\_ If "yes", are you requesting, onsite visit or phone call \_\_\_\_\_

**I hereby certify that the above information provided are true and the cost(s) are valid cost(s) incurred in accordance with the project agreement.**

Signed: \_\_\_\_\_

**Grant Manager**

Date: \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**STATE OF FLORIDA  
FWC BOATING ACCESS GRANTS  
REIMBURSEMENT REQUEST  
ATTACHMENT E - FORM 2**

**Recipient/Subrecipient**

**AGREEMENT#** 21129

Agreement Amount	
Submission Date	
Reimbursement #	
Requested Amount	

**COSTS INCURRED DURING THE PERIOD OF:** \_\_\_\_\_ **THROUGH** \_\_\_\_\_

Shaded cells are calculated for you. You do not need to enter anything into shaded cells.

**THIS MUST BE ACCOMPANIED BY THE DETAIL OF CLAIMS FORM**

	Total Cost	Match/Cost Share	Other	Grant Cost (FBIP/BIGP/SFR)
Administration Costs (max 5% of total)				
Contracted Services				
Permitting & Project Inspection Fees				
Site Preparation				
Demolition & Removal				
Construction				
Equipment (Rental or In-Kind Use)				
Contingency Costs				
Other Costs				
Pre-Award Costs				
<b>Totals</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Percentage</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.

Signed: \_\_\_\_\_  
**Grant Manager**

Date: \_\_\_\_\_

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.

Signed: \_\_\_\_\_  
**Financial Officer**

Date: \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**TO BE COMPLETED BY FWC STAFF**

<b>AGREEMENT AMOUNT</b>	
<b>PREVIOUS PAYMENT(S)</b>	<b>#VALUE!</b>
<b>THIS PAYMENT</b>	
<b>REMAINING BALANCE</b>	<b>#VALUE!</b>

<b>TOTAL AMOUNT TO BE PAID ON THIS INVOICE</b>
_____

**DATE SUBMITTED TO FWC** \_\_\_\_\_





**STATE OF FLORIDA  
FWC BOATING ACCESS GRANTS  
TIME AND EFFORT  
ATTACHMENT E - FORM 4**

This form is required to accompany reimbursement claims for **salaries credited as match/cost share** to the grant.

Employee Name: \_\_\_\_\_ Agreement: 21129  
 Pay Period: \_\_\_\_\_ TO \_\_\_\_\_ Indicate Contracted Hours for Pay Period \_\_\_\_\_

		Week 1								Week 2								Grand Total	
	Hours Type	S	S	M	T	W	T	F	Total	S	S	M	T	W	T	F	Total		
1	Administration Costs (max 5% of total)								0									0	0
2	Vacation								0									0	0
3	Sick Time								0									0	0
4									0									0	0
5									0									0	0
6									0									0	0
7									0									0	0
8									0									0	0
9									0									0	0
10									0									0	0
11									0									0	0
12									0									0	0
13									0									0	0
14									0									0	0
<b>Daily Totals</b>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Week One Total</b>									<b>0</b>	<b>Week Two Total</b>								<b>0</b>	<b>0</b>
I hereby certify that the above allocation of my time is accurate for the time period in which this report covers.									I hereby certify that to the best of my knowledge and belief, the reported time allocation entered in this report is accurate and in accordance with Local, State, and Federal Regulations and Guidance as applicable pertaining to reimbursement on Boating Access Grants.										
Employee Signature: _____									Supervisor Signature: _____										
Date: _____									Date: _____										

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**STATE OF FLORIDA  
FWC BOATING ACCESS GRANTS  
ATTACHMENT E - FORM 5**

**CERTIFICATION OF COMPLETION STATEMENT**

**Grant Program:**

**FWC Agreement #** 21129

- Boating Infrastructure Grant Program (BIGP)
- Florida Boating Improvement Program (FBIP)
- Sportfish Restoration Program (SFR)
- Natural Resource Damage Assessment - *Deepwater Horizon* Oil Spill (NRDA-DWH)

I, \_\_\_\_\_  
(Print or Type Name and Title)

representing \_\_\_\_\_  
(Name of Recipient Agency/Entity)

do hereby certify that the project funded by FWC Agreement # 21129 has been completed in compliance with all terms and conditions of said Agreement; that all amounts payable for materials, labor and other charges against the project have been paid; and that no liens have been attached against the project.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

WARNING: "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083." § 837.06, Florida Statutes.

**CERTIFICATION BY COMMISSION**

I certify: That to the best of my knowledge and belief, the work on the above-named project has been satisfactorily completed under the terms of the Agreement.

\_\_\_\_\_  
(Division)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print or Type Name and Title)

Inspected: \_\_\_\_\_ Yes \_\_\_\_\_ No or N/A \_\_\_\_\_ Engineer Reviewed

\_\_\_\_\_  
(Name of Inspector/Engineer)

\_\_\_\_\_  
(Date of Inspection)

**STATE OF FLORIDA  
FWC BOATING ACCESS GRANTS  
PROJECT CLOSE-OUT REPORT  
ATTACHMENT E - FORM 6**

This form should be completed and submitted to the Commission no later than **thirty (30) days** after completion of projects or the termination date of the Agreement, whichever occurs first.

0  
RECIPIENT / SUBRECIPIENT

21129  
AGREEMENT #

0  
ADDRESS

\$ \_\_\_\_\_  
AGREEMENT AMOUNT

0  
CITY AND STATE

AGREEMENT PERIOD OF PERFORMANCE

(1) COST CATEGORIES	(2) TOTAL EXPENDITURES
Administration Costs (max 5% of total)	
Contracted Services	
Permitting & Project Inspection Fees	
Site Preparation	
Demolition & Removal	
Construction	
Equipment (Rental or In-Kind Use)	
Contingency Costs	
Other Costs	
Pre-Award Costs	
<b>Total</b>	\$ -

(3) DATE*	(4) DATE EXPENDITURE(S) PAYMENT RECEIVED AMOUNT
<b>Total</b>	\$ -

**Please Indicate Amounts For The Following:**

Agreement Amount	\$ _____
Total Expenditures	\$ _____
Deobligated Funds	\$ _____

**REFUND AND/OR PROGRAM INTEREST CHECK**

Refund and/or final program income check is due no later than thirty (30) days after the completion of the project.

Date Form 5 signed by Recipient: 01/00/00

Was income earned on the project during the POP? Y/N \_\_\_\_\_

Were funds expended in accordance with agreement terms? Y/N \_\_\_\_\_

All quarterly reports submitted up to current reporting period? Y/N \_\_\_\_\_

Certification of Completion & photos submitted? Y/N \_\_\_\_\_

**Make check payable to :** **Florida Fish & Wildlife Conservation Commission**  
 Grants & Revenue Section  
 Florida Fish & Wildlife Conservation Commission  
 620 S. Meridian Street  
 Tallahassee, FL 32399

Is documented match/cost share sufficient? Y/N \_\_\_\_\_

**I hereby certify that the above cost(s) are true and valid cost(s) incurred in accordance with the project agreement.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Grant Manager

**I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Financial Officer

**By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.**



**STATE OF FLORIDA  
FWC BOATING ACCESS GRANTS  
SUBCONTRACTOR LIST  
ATTACHMENT E - FORM 8**

AGREEMENT# 21129

In accordance with FWC Funding Agreement Section 14, SUBCONTRACTS, "The (Recipient/Subrecipient) must provide the Commission with the names of any subcontractor considered for work under this Agreement; the Commission in coordination with the (Recipient/Subrecipient) reserves the right to reject any subcontractor."

In accordance with FWC Funding Agreement Section 15, MANDATORY DISCLOSURES, the Commission may verify the entities listed below against the convicted, suspended or discriminatory complaints vendor list.

If applicable, in accordance with FWC Funding Agreement Section 24, FEDERAL FUNDS, the Commission may verify the entities listed below are not Debarred, Suspended, Ineligible or Voluntarily Excluded from participation in this transaction. The Commission may request documents to support adherence to E-Verify or any other applicable federal requirement of this Agreement.

\_\_\_\_\_  
Vendor/Contractor

\_\_\_\_\_  
Vendor/Contractor

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
Vendor/Contractor

\_\_\_\_\_  
Vendor/Contractor

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
Vendor/Contractor

\_\_\_\_\_  
Vendor/Contractor

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
DUNS/Unique Identifier

\_\_\_\_\_  
DUNS/Unique Identifier

\_\_\_\_\_  
DUNS/Unique Entity ID

\_\_\_\_\_  
DUNS/Unique Entity ID