DEC 2 3 2019

MARY JO SPINO



VICTIMS OF CRIME ACT REVISED-AWARD BUDGET FORM

	Name of Organization Jackson County, Prosecutor's Off		Organization Federal Tax Identification Number Organization Di						sta Universal Numbering System Number (DUNS			
	Organization Type (Select all that apply) Organization Mailing Address											
c	☐ Domestic Violence/Sexual											
Organization Information	☐ Child Advocacy Center☐ Court Appointed Special Ad	Or	Organization Street Address									
	☐ Missouri Courts	Cit	У			State	State ZIP Code					
ב	☐ Prosecuting Attorney Victin											
	☐ All Other Victims of Crime	Co	County				Website Address					
ıniza	Organization Phone Number	Organiz	ganization Fax Number									
0			x			- ()					
	Organization's Commercial And Governm	ent Entity (CAGE) Code: Registra	tion Numbe	er		AGE Code		CAGE	Code Valid Until Date		
	In the system for Award Management (SA Name of Organization's Contact Person		v.sam.gov/porta rson's Email Add				Ic. v. v	0 / 0				
	Harrie of o-Barreston's contact Classic	Contactre	ison's cinali Add	11633			Contact	Person's Ph	one Numi	ber		
ī		DC D	CENTAGE SO	0.05010			TAL #11000			<u>^</u>		
	FUNDING PERIOD	PERC	C ENTAGE FO Must equal :									
	NOV 1, 2019 - JUN 30, 2020		Must equal 100%.			FY 2017 FY 2018		<u> 2</u>		PERIOD TOTAL 186,976.00		
et (5_200,570.00 3 10.00			9 PLANTED			\$_180,976.00			
100	JUL 1, 2020 - JUN 30, 2021		54.96% \$ 0.00 \$ 321,112.00			9 s 0	.00	\$321,111.00				
i.	JUL 1, 2021 - SEP 30, 2021 13.04%						₅ 76,213.0	0 5 0	.00	s_ 76,213.00		
	TOTAL				es ju	g::234(19)		200	.00			
	MATCH - THE AMOUNT YOUR C his amount may be reduced if 2B C.F. B. § 94 1 ost of each project." Matching requirements a libes; or projects that operate on tribal lands." he United States leacept for the Commonweal DC Director may, at their discretion, waive in	118 requires subred te automatically w Matching required that Puerte Nicol	epients to contribute award for subrecipi ments are also aut or groups that ar	ate (i.e., mate rents "that ar omatically w	ch) not less the re federally realistication	ecognizea Ar recipients 'i	nerican Indum hut are territor	ar Alaska Nat	lve	MATCH AMOUN \$146,075.00		
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VOCA Grant 11/1/19 - \$/30/21

	Funding Source Award Metch Add Funds
	TOTAL PROJECT 728,053 97,050 126,537 951,640 -584,300 -146,075
	4,000 4,000
	7,944 7,944
	Insurance 96,863 12,063 27,146 136,061
13.96%	71,085 9,757 11,409 92,261
7.66%	5,347 6,252 60,653
	Salary 509,207 69,893 61,731 660,831
	VictimAdvocates Victim Advocate* Match (parter) *new position

A Personnel - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. (Note: Use whole numbers as the percentage of time, an example is 75.50% should be shown as 75.50) To View an Example, Click Here

PERSONNEL (FEDERAL)

		œ	Computation	lation		
Name	Position	Salary	Basis	Percentage of Time	Length of Time	Cost
RETAINED PERSONNEL			Year			
Mary Brown	Victim Advocate	\$37,668.80	Year	00 001		80
Dons Camon	Lead Victim Advocate/ Volunteer Coordinator	\$46,363.20	Year	100.001	e1 -	\$75,338
Kyle Evans	Victim Advocate	\$43,492.80	Year	00.001	4 .	592,726
Marilyn Layton	Victim Advocate	\$48,089.60	Year	00001	N 6	986,988
Ashley Ropp	Victim Advocate	\$37,148.80	Year	00001	4 6	896,179
Karlie Rose	Victim Advocate	\$37,128.00	Year	100.00	4 6	350,478
NEW PERSONNEL			Year			05
REQUEST			Year			02
TRD	Victim Advocate	\$38,500.80	Year	100.001		CON CLAS
TRD	Victim Advocate	\$38,500.80	Year	00002	1 7	700,174
CRIT	Victim Advocate	\$38,500.80	Year	00 001	·	200778
			Үеат		i	7995) 16
					FEDERAL TOTAL	\$730,789

PERSONNEL NARRATIVE (FEDERAL)

Lead Victim Advocate/Volunteer Coordinator provides direct services to crime victims whose cases are prosecuted through the courts in Jackson County, recruits and trains volunteers and interns to assist advocates with providing comprehensive services to crime victims, spending 100% of time on the grant.

Victim advocate provides direct services to crime victims whose cases are prosecuted through the courts in Jackson County, spending 100% of time on the grant.

Computation Basis Year Match Salary Position PERSONNEL (NON-FEDERAL) Name

\$40,102.40 Victim Advocate Elizabeth Parker

\$80,205

8

Year Year

Cost

Length of Time

Percentage of Time

\$80,205

NON-FEDERAL TOTAL

\$810,994

TOTAL PERSONNEL

PERSONNEL NARRATIVE (NON-FEDERAL)

Victim advocate provides direct services to crime victims whose cases are prosecuted through the courts in Jackson County, spending 100% of time on the grant.

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an approved negotianed rule by a Federal agency. If not based on actual known costs or an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefit on overtime bours are limited to FICA, Workman's Compensation and Unemployment Compensation. (Note: Use decimal numbers for the fringe benefit rates, on example is 7.65% should be shown as .0765) To View an Example, Click Here

FRINGE BENEFITS (FEDERAL)

	-			
		Computation	ion	
Description		Base	Kate	Cost
DETAINED DEDECAMAIN				000
III COL				80
FICA (Brown,Cannon,Evans,Layton,Ropp,Rose)		\$499,783.00	0.0765	616 133
Pension (Brown,Cannon,Evans,Layton,Ropp,Rose)		200 100 000		CC7,0c0
Insurance (Brown,Cannon,Layton,Rose)		20.007,7070	0.1396	\$69,770
Insurance (Evans,Ropp)		3558,499.00	0.17149	\$58,049
		\$161,284.00	0.39124	\$63.101
c	0			05
NEW PERSONNEL REQUEST * 1 POSITION				3
FICA (3 victim advocate positions)		\$121 OOK OO		30
Pension (3 victim advocate positions)		9221,000,1026	0.0765	\$17,672
Insurance (3 victim advocate positions)		00.000,1024	0.1396	\$32,248
		323 L,000 GR	0.18846	\$43,535
				0\$
				SO
			FEDERAL TOTAL	\$322,608

FRINGE BENEFITS NARRATIVE (FEDERAL)

FICA = 7.65% of salary \$730,789 x 7.65 = \$55,905.36

Pension = 13.96% of salary \$730,789 x 13.96 = \$102,018.14 Medical Insurance = semi-monthly per employee \$302.33 x 2 x 24 months x 7 employees = \$101,582.88 \$657.29 x 2 x 24 months x 2 employees = \$63,099.84

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BENEFITS
FRINGE

11	Cost	03	\$6,136	\$11.197		\$49,025
ton	Rate		0.0765	0.1396	0.39514	NON-FEDERAL TOTAL
Computation	Важ		\$80,205.00	\$80,205.00	\$80,205.00	NON
	uondussari	FICA - Bijzaharth Bartos	The Common of th	retision - Duzaoetti Parker	Insurance - Elizabeth Parker	

FRINGE BENEFITS NARRATIVE (NON-FEDERAL)

FIC.A = 7.65% of salary \$80,205 x 7.65 = \$6,135.68 Pension = 13.96% of salary \$80,205 x 13.96 = \$11,196.62 Medical Insurance = semi-monthly per employee \$560.24 x 2 x 24 months x | employee = \$31,691.52

\$371,633 TOTAL FRINGE BENEFITS

C. Travel - Itemize travel expenses of staff personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure in reference to the project objectives. Show the basis of computation (e.g., six people to 3-day training at SX airfare, SX lodging, SX subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied Applicant or Federal Travel Regulations. Note: Travel expenses for consultants should be included in the "Contractual/Consultant" category. To View an Example, Click Here

TRAVEL (FEDERAL)

Cost		(iii								í
	Cost	\$1 560 00	00 (13)	00.2100	30.00	00 00F 18	640000	D.00+4	\$3,000,00	22,000.00
	Number of Number of People Trins		-			100 1	-		•	
uc	Number of People	4	গ	i i		v	4		4	
Computation	Quantify	3	3						-	
	Basis for Rate	Night	Day	Mile		\$350.00 Round-trip				
	Cost Rate	\$130.00	\$51.00			\$350.00	\$100.00	ď	\$500.00	
	Item	Lodging	Meals	Mileage	Transportation:	airfare	Local Travel	Other	registration fee	Subtotal
Location	TBD	18				E				
Purpose of Travel	Victim Advocacy Fraining									

\$5,972 \$11,944 Cost \$2,000.00 \$0.00 \$400.00 \$612.00 \$1,400.00 \$5,972.00 \$1,560.00 FEDERAL TOTAL Cost Number of Number of People Trips Computation Quantity Basis for Rate \$350.00 Round-trip Night Mile Day \$130.00 \$51.00 \$100.00 \$500.00 Cost Rate Subtotal Mileage Transportation: Local Travel Lodging registration fee Meals Other Item airfare Location TRAVEL (FEDERAL) Purpose of Travel Victim Advocacy Training

TRAVEL NARRATIVE (FEDERAL)

advocates such as the 45th Annual Training hosted by the National Organization for Victim Assistance (NOVA). The dates and location are unknown at this time. Each victim The Jackson County Prosecutor's Office would like to send 4 four (4) victim advocates assigned to the grant to future trainings focusing on trends and best practices for victims' advocate will need registration fees, airfare, lodging, meals and miscellaneous expenses to include shuttles, taxis, tolls and parking. These funds are requested to provide additional training to the victim advocates to better serve victim of Jackson County. ackson County will follow their own written travel policy.

Registration @ \$500.00 x 4 victim advocates = \$2,000.00
Airfare - @ \$350.00 round trip x 4 victim advocates = \$1,400.00
Lodging @ \$390.00 (3 night stay) x 4 victim advocates = \$1,560.00
Meals @ \$153.00 (3 days) x 4 victim advocates = \$612.00
Local Other @\$100 (inp) x 4 victim advocates = \$610.00

will need registration fees, airfare, lodging, meals and miscellaneous expenses to include shurtles, taxis, tolls and parking. These funds are requested to provide additional training The Jackson County Prosecutor's Office would like to send 4 four (4) victim advocates assigned to the grant to future trainings focusing on trends and best practices for victims' advocates such as the 31st Annual Colorado Organization for Victim Assistance (COVA) Conference. The dates and location are unknown at this time. Each victim advocate to the victim advocates to better serve victim of Jackson County. fackson County will follow their own written travel policy.

Registration @ \$500.00 x 4 victim advocates = \$2,000.00
Airfare - @ \$350.00 round trip x 4 victim advocates = \$1,400.00
Lodging @ \$390.00 (3 night stay) x 4 victim advocates = \$1,560.00
Micals @ \$153.00 (3 days) x 4 victim advocates = \$612.00
Local Other @\$100 (trip) x 4 victim advocates = \$440.00

Contract For Services



Contractor Information:

Contact Person E-Mail Address:

Missouri Department of Social Services Division of Finance & Administrative Services Procurement Unit P.O. Box 1643

P.O. Box 1643 Jefferson City, MO 65102

Contract #: ER130200053

Title: Victims of Crime Act (VOCA)

Contract Period:

November 1, 2019 through September 30, 2021

The Department of Social Services desires to contract for the services described herein. All terms, conditions, and prices contained herein shall govern the performance of this contract.

	Jackson County, Prosecutor's Office 415 East 12th Street, 11th Floor Kansas City, MO 64106
Contact Person Name:	Tina Wise

twise@jacksongov.org

The undersigned hereby agrees to provide the services and/or items, at the prices stated, pursuant to the requirements of this document and further agrees that when this document is countersigned by an authorized official of the Missouri Department of Social Services, a binding contract shall exist between the subrecipient and the Department of Social Service. The authorized signer of this document certifies that the subrecipient (named below) and each of its principals (as defined by 2 CFR 180) are not suspended or debarred by thefederal government.

In witness thereof, the parties below hereby execute this agreement.

Authorized Signature for the Subrecipient:

Frank White, Jr., County Executive

Name and Title:

12 23 2019

APPROVED AS TO FORM

polerfu

ATTEST:

Clerk of the County Legislature

Exhibit # 1(continued)

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing $Box\ C$, do not complete $Box\ B$.)

BOX C - Affidavit on File - Current Business Entity Status

I certify that Jackson County, Missouri MEETS the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, and have enrolled and currently participates in the E-Verify federal work a uthorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri.

We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ./ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (contract) listing the contractor's name and the contract signature page completed and signed by the contractor and the Department of Homeland Security-Verification Division
- ./ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University * to Which Previous E-Verify Documentation Submitted: Missouri Department of Social Services *Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University - St Louis: Missouri Southern State University - Joplin; Missouri Western State University - St Joseph; Northwest Missouri State University - Maryville; Southeast Missouri State University - Cape Girardeau. Date of Previous E-Verify Documentation Submission: 2/21/18 Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: ER130180052 (if known) Authorized Business Entity Representative's Signature Name (Please Print) 208144 c/o rreyes@jacksongov.org E-Verify contract Company ID Number E-Mail Address 12/23/2019 Jackson County, Missouri **Business Entity Name** FOR STATE USE ONLY Documentation Verification Completed By: Buyer Date

Exhibit # 2;

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

This certification is required by 2 CFR Part 180.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jackson County, Missouri	073134868
Company Name	DUNS #
Frank White Dr	Jackson County Executive
Authorized Representative's Printed Name	Authorized Representative's Title
AMO	123/2019
Authorized Representative's Signature	Date

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- 2. The certification in this clause is a material representation of fuct upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
- 3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing 2 CFR Part 180. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
- 6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the <u>List of Parties Excluded from Procurement or Nonproglamment Pror</u>ams.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good fuith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

EXHIBIT #3:

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

Charter Number (if applicable)

Company Name

If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:

If your business entity is not registered, you may go to the link provided below to register:

www.sos.mo. v /fileonline

If you believe your business entity is exempt from registering with the Secretary of State due to one of the specific exemptions contained in the Missouri Revised Statutes, please indicate in your response the specific exemption that applies to your business entity.

Below are the exemption sections of the Missouri Revised Statutes for the most popular business entity types:

- L General Business section 351.572, RSMo, located at: htti://revisor.mo.govI mai n/O neSection.aspx?section=351.572&bid = 18804&h I=
- Limited Liability Company section 347.163.5, RSMo, located at: http://revisor.mo.gov/main/OneSection.aspx?section=347.163&bid=18500&hl=
- Limited Partnership section 359.551.5, RSMo, located at: http://revisor.mo.gov/main/OneSection.aspx?section=359.551&bid=19476&hl=
- 4. Non-Profit section 355.751.2, RSMo, located at: http://revisor.mo.gov/main/OneSection.aspx?section=355.751&bid=19289&hl=
- 5. Professional Corporation section 356.231, RSMo, located at: http://revisor.mo.gov/main/OneSection.aspx?section=356.231&bid=19340&hl=

Note: Limited Liability Partnerships have no exemptions.

For questions regarding registration, contact the Missouri Secretary of State at: corporations:@sos.mo.go_or (573) 751-4153 (toll free 866-223-6535)

Exhibit #4: Federal Funding Accountability and Transparency Act (FFATA) Data Form

*See instructions for additional information

Legal Business Name of Entity	Jackson County, Missouri				
Doing Business As (if different)					
Street Address	415 East 12 th Street				
City I Kansas City	MO 64106-2421				
DUNS Number*	·				
Parent Organization's DUNS Num	ber* 073134868				
Principal Place of Performance*	Jackson County Courthouse, 415 East 12th Street, KCMO 64106-				
Contact Person's Name / Title	Tina Wise, Budget Coordintor				
Contact Person Phone Number 816-881-3116					
Contact Person E-Mail	twise@jacksongov.org				
List the organization's top five mo	See instructions for additional information before completing. st highly compensated executives for the preceding contractor fiscal year.				
Name	Amount				
1.					
2.					
3,					
4,,					
5,:					
	rue and correct ded will be reported by the Department of Social Services to the FFATA Subaward information will be accessible to the public.				
Authorized Representative's Sign	Printed Name Printed Name				
Jackson County Executive Title	12/23/2019 Date				

Instructions for Completine the FFATA Data Form

Zip Code + 4

This is the four digit zip code extension available at http://zip4.usps.com/zip4/welcome.jsp

DUNS Number

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See h ttp://fedeov.dnb.com /webform

Parent Oranization's DUNS Number

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

Principal Place of Performance

Complete if the primary place of performance is different than the address listed above.

Executive Compensation Information

Review thefollowing questions to determine whetheryou are required to report executive compensation information.

- I. In your preceding completed fiscal year, did your business or organization receive:
 - a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
 - b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

O Yes X No

Note: If the answer to either Question Ia or lb is "No'; your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.

Note: If the answer to both la and lb is "Yes' proceed to Question 2.

Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 780(d)] or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at http://www.sec.gov/qnsw erslexecomp.btm

OYes DNo

Note: If the answer to Question # 2 is "Yes'; your organization's executive compensation information is not required.

Note: If the answer to Question #2 is "No'you are required to <u>com I 2 lete</u> the Executive Compensation Information section of the FFATA Data Form.

Definitions

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bon uses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at:

https://www.fsrs.gov/documents/OMB Guidance on FEATA Subaward and 8xeq1tive Compen ation Reporting 08272010.pdf.