



VICTIMS OF CRIME ACT REVISED-AWARD BUDGET FORM

Organization Information	Name of Organization Jackson County, Prosecutor's Office		Organization Federal Tax Identification Number		Organization Data Universal Numbering System Number (DUNS #)		
	Organization Type (Select all that apply) <input type="checkbox"/> Domestic Violence/Sexual Assault Services and/or Shelters <input type="checkbox"/> Child Advocacy Center <input type="checkbox"/> Court Appointed Special Advocates (CASA) <input type="checkbox"/> Missouri Courts <input type="checkbox"/> Prosecuting Attorney Victim Advocates <input type="checkbox"/> All Other Victims of Crime Act (VOCA) Programs				Organization Mailing Address		
					Organization Street Address		
					City	State	ZIP Code
					County	Website Address	
					Organization Phone Number		Organization Fax Number
Organization's Commercial And Government Entity (CAGE) Code: Registration Number In the system for Award Management (SAM) https://www.sam.gov/portal/SAM/				CAGE Code	CAGE Code Valid Until Date		
Name of Organization's Contact Person		Contact Person's Email Address		Contact Person's Phone Number			

FUNDING PERIOD	PERCENTAGE FOR PERIOD <small>Must equal 100%</small>	TOTAL FUNDING GRANTED PER PERIOD		
		FY 2017	FY 2018	PERIOD TOTAL
NOV 1, 2019 - JUN 30, 2020	32.00%	\$ 186,976.00	\$ 0.00	\$ 186,976.00
JUL 1, 2020 - JUN 30, 2021	54.96%	\$ 0.00	\$ 321,111.00	\$ 321,111.00
JUL 1, 2021 - SEP 30, 2021	13.04%		\$ 76,213.00	\$ 76,213.00
TOTAL			\$ 0.00	

MATCH - THE AMOUNT YOUR ORGANIZATION AGREES TO CONTRIBUTE.
This amount may be reduced if 28 C.F.R. § 94.118 requires subrecipients to contribute (i.e., match) not less than 20 percent (cash or in-kind) of the total cost of each project. Matching requirements are automatically waived for subrecipients that are federally recognized American Indian or Alaska Native tribes, or projects that operate on tribal lands. Matching requirements are also automatically waived for subrecipients that are territories or possessions of the United States (except for the Commonwealth of Puerto Rico), or projects that operate therein. Upon request of the state administering agency (SAA), the OVC Director may, at their discretion, waive in part or in full the matching requirements, pursuant to 28 C.F.R. § 94.118(b)(1).

MATCH AMOUNT
\$ 146,075.00

INSTRUCTIONS FOR FUNDING AMOUNTS BY BUDGET CATEGORIES TABLE: In this table find pre-populated amounts in the "TOTAL AWARDED" row fields. In the white field areas, you will enter the amount of funding you expect to expend in each budget category. The "TOTAL PLANNED EXPENSES" should equal the amount provided in the "TOTAL AWARDED" row.

Has Organization Requested a Match Waiver?		If Yes, what percent of match was requested to be waived? _____%		If Yes, what total dollar amount of match was requested to be waived? \$ _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
BUDGET CATEGORY	NOV 1, 2019 - JUN 30, 2020	JUL 1, 2020 - JUN 30, 2021	JUL 1, 2021 - SEP 30, 2021	TOTAL FUNDING			
TOTAL AWARDED <small>(Populated from Funding Granted Section)</small>	\$ 186,976.00	\$ 0.00	\$ 0.00	\$ 321,111.00	\$ 0.00	\$ 76,213.00	\$ 584,300.00
Personnel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Travel/Training	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Supplies/Operations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Equipment <small>(Single item valued \$5,000 or above)</small>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Contractual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Indirect Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
TOTAL PLANNED EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

FILED
DEC 23 2019
MARY JO SPINO
COUNTY CLERK

VOCA Grant

11/1/19 - 9/30/21

	<u>Salary</u>	7.66%	<u>Pension</u>	13.96%	<u>FICA</u>	<u>Insurance</u>	<u>Travel</u>	<u>Education</u>	<u>TOTAL PROJECT</u>
VictimAdvocates	599,207		71,085		38,984	96,863	7,944	4,000	728,053
Victim Advocate*	69,893		9,757		5,347	12,063			97,050
Match (partner)	81,731		11,409		6,252	27,146			126,537
	660,831		92,251		50,583	136,061	7,944	4,000	951,640
									<u>Funding Source</u>
									Award
									-584,300
									Match
									-146,075
									Add Funds
									-221,265

*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)

Name	Position	Computation				Cost
		Salary	Basis	Percentage of Time	Length of Time	
RETAINED PERSONNEL			Year			\$0
Mary Brown	Victim Advocate	\$37,668.80	Year	100.00	2	\$75,338
Doris Cannon	Lead Victim Advocate/ Volunteer Coordinator	\$46,363.20	Year	100.00	2	\$92,726
Kyle Evans	Victim Advocate	\$43,492.80	Year	100.00	2	\$86,986
Marilyn Layton	Victim Advocate	\$48,089.60	Year	100.00	2	\$96,179
Ashley Ropp	Victim Advocate	\$37,148.80	Year	100.00	2	\$74,298
Karlie Rose	Victim Advocate	\$37,128.00	Year	100.00	2	\$74,256
NEW PERSONNEL REQUEST			Year			\$0
			Year			\$0
TRD	Victim Advocate	\$38,500.80	Year	100.00	2	\$77,002
TRD	Victim Advocate	\$38,500.80	Year	100.00	2	\$77,002
TRD	Victim Advocate	\$38,500.80	Year	100.00	2	\$77,002
			Year			\$0
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.

PERSONNEL (NON-FEDERAL)

Match

Name	Position	Computation				Cost
		Salary	Basis	Percentage of Time	Length of Time	
Elizabeth Parker	Victim Advocate	\$40,102.40	Year	100	2	\$80,205
			Year			\$0
NON-FEDERAL TOTAL						\$80,205

Match

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.

TOTAL PERSONNEL

\$810,994

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an approved negotiated rate by a Federal agency. If not based on 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 benefits on overtime hours are limited to FICA, Workman's Compensation and Unemployment Compensation. (Note: Use decimal numbers for the fringe benefit rates, an example is 7.65% should be shown as .0765) To View an Example, Click Here

FRINGE BENEFITS (FEDERAL)

Description	Computation		Cost
	Base	Rate	
RETAINED PERSONNEL			\$0
FICA (Brown,Cannon,Evans,Layton,Ropp,Rose)	\$499,783.00	0.0765	\$38,233
Pension (Brown,Cannon,Evans,Layton,Ropp,Rose)	\$499,783.00	0.1396	\$69,770
Insurance (Brown,Cannon,Layton,Rose)	\$338,499.00	0.17149	\$58,049
Insurance (Evans,Ropp)	\$161,284.00	0.39124	\$63,101
NEW PERSONNEL REQUEST * 1 Position			\$0
FICA (3 victim advocate positions)	\$231,006.00	0.0765	\$17,572
Pension (3 victim advocate positions)	\$231,006.00	0.1396	\$32,248
Insurance (3 victim advocate positions)	\$231,006.00	0.18846	\$43,335
			\$0
			\$0
FEDERAL TOTAL			\$322,608

FRINGE BENEFITS NARRATIVE (FEDERAL)

FICA = 7.65% of salary

$\$730,789 \times 7.65 = \$55,905.36$

Pension = 13.96% of salary

$\$730,789 \times 13.96 = \$102,018.14$

Medical Insurance = semi-monthly per employee

$\$302.33 \times 2 \times 24 \text{ months} \times 7 \text{ employees} = \$101,582.88$

$\$657.29 \times 2 \times 24 \text{ months} \times 2 \text{ employees} = \$63,099.84$

Match

FRINGE BENEFITS (NON-FEDERAL)

Description	Computation		Cost
	Base	Rate	
FICA - Elizabeth Parker	\$80,205.00	0.0765	\$6,136
Pension - Elizabeth Parker	\$80,205.00	0.1396	\$11,197
Insurance - Elizabeth Parker	\$80,205.00	0.39514	\$31,692
NON-FEDERAL TOTAL			\$49,025

Match

FRINGE BENEFITS NARRATIVE (NON-FEDERAL)

FICA = 7.65% of salary
 $\$80,205 \times 7.65 = \$6,135.68$
Pension = 13.96% of salary
 $\$80,205 \times 13.96 = \$11,196.62$
Medical Insurance = semi-monthly per employee
 $\$660.24 \times 2 \times 24 \text{ months} \times 1 \text{ employee} = \$31,691.52$

TOTAL FRINGE BENEFITS \$371,633

TRAVEL NARRATIVE (FEDERAL)

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 45th Annual Training hosted by the National Organization for Victim Assistance (NOVA). The dates and location are unknown at this time. Each victim 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. Jackson 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 (trip) x 4 victim advocates = \$400.00

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 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. Jackson 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 (trip) x 4 victim advocates = \$400.00

Contract For Services



Missouri Department of Social Services
Division of Finance & Administrative Services
Procurement Unit
P.O. Box 643
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.

Contractor Information:

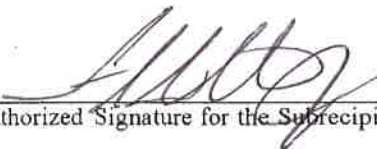
Contractor Name: Jackson County, Prosecutor's Office
Mailing Address: 415 East 12th Street, 11th Floor
City, State Zip: Kansas City, MO 64106

Contact Person Name: Tina Wise

Contact Person E-Mail Address: 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 the federal 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
Date

APPROVED AS TO FORM


County Counselor

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 authorization 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)

Frank White, Jr.
Authorized Business Entity Representative's
Name (Please Print)


Authorized Business Entity
Representative's Signature

208144
E-Verify contract Company ID Number

c/o rreyes@jacksongov.org
E-Mail Address

Jackson County, Missouri
Business Entity Name

12/23/2019
Date

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
Company Name

073134868
DUNS #

Frank White, Jr
Authorized Representative's Printed Name

Jackson County Executive
Authorized Representative's Title


Authorized Representative's Signature

12/23/2019
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 fact 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 List of Parties Excluded from Procurement or Nonprocurement Programs.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith 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 voluntarily 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.

<i>Charter Number (if applicable)</i>	<i>Company Name</i>
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.gov/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:

1. General Business - section 351.572, RSMo, located at:
<http://revisor.mo.gov/main/OneSection.aspx?section=351.572&bid=18804&hl=>
2. Limited Liability Company - section 347.163.5, RSMo, located at:
<http://revisor.mo.gov/main/OneSection.aspx?section=347.163&bid=18500&hl=>
3. 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.gov 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	Kansas City	MO	64106-2421
DUNS Number*			
Parent Organization's DUNS Number*	073134868		
Principal Place of Performance*	Jackson County Courthouse, 415 East 12 th Street, KCMO 64106-2421		
Contact Person's Name / Title	Tina Wise, Budget Coordinator		
Contact Person Phone Number	816-881-3116		
Contact Person E-Mail	twise@jacksongov.org		

Executive Compensation Information*

**Complete this section if required. See instructions for additional information before completing.*

List the organization's top five most highly compensated executives for the preceding contractor fiscal year.

Name	Amount
1.	
2.	
3.	
4.	
5.	

Certification:

I attest the facts stated above are true and correct

I understand the information provided will be reported by the Department of Social Services to the FFATA Subaward Reporting System (FSRS) and the information will be accessible to the public.



 Authorized Representative's Signature

Frank White, Jr.

 Printed Name

Jackson County Executive

 Title

12/23/2019

 Date

Instructions for Completing 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 <http://fedgov.dnb.com/webform>

Parent Organization'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 the following questions to determine whether you are required to report executive compensation information.

1. 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?
- Yes No

Note: If the answer to either Question 1a or 1b 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 1a and 1b is "Yes" proceed to Question 2.

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), 78O(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/qswerslexecomp.htm>)
- Yes No

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 complete 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, bonuses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at:

https://www.frs.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reporting_08272010.pdf