

Instructions: Please complete Row 7, Columns A through P wi

Primary Contact for SAM			
County Board	information	SAM Renewal	DUNS #
Name of County Board	Name, Title, Entity & Office, Email and Phone Number of the SAM (System for Award Management) administrator	Date of your entity's last SAM (System for Award Management) renewal	9-digit Data Universal Numbering System (DUNS) number

Addendum B: Federal Funding Ac

ith the information requested. Each column includes an explanati

DUNS+4	POP City	POP State
If there is a +4 value for your DUNS number to indicate specific payment locations within your organization, add it here.	Place of Performance City	Place of Performance State
		Ohio

Accountability and Transparency Act Information
on of the information requested. Please ret

POP Zip+4	POP Country
Place of Performance zip code. Must be a 9 digit zip code which is needed for reporting Congressional District.	Place of Performance Country
	United States

ormation

urn this file in excel (.csv or .xml) and

Compensation Q1

Please answer the question, "In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which the DUNS number you provided belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?"

If you respond 'yes,' you must provide a response to Compensation Q2

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contact the Title XX Manager with any que

Compensation Q2

Please answer the question, "Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which the DUNS number you provided belongs) 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?"

You only need to answer this if you responded 'Yes' to Compensation Q1. Answer 'Yes' or 'No.'

If you answer 'Yes,' you do not have to provide additional information. If you answer 'No,' you must provide the names and amounts of the five most highly compensated executives of your organization.

estions or concerns.

Top Employer Compensation

If you answered 'No' to Compensation Q2, then provide the name and total compensation for the five (5) most highly compensated executives in your business or organization (the legal entity to which this DUNS number is assigned).