

STATE AND LOCAL RATE AGREEMENT

DATE: November 2, 2006

DEPARTMENT/AGENCY:
 Indiana Family & Social Services Administration
 MS34, 402 W. Washington Street
 P.O. Box 7128
 Indianapolis, IN 46207-7128

FILING REF.: The preceding
 Agreement was dated
 February 21, 2006

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*
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RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATIONS</u>	<u>APPLICABLE TO</u>
FINAL	07/01/03	06/30/04	12.0	On Site	(1)
FINAL	07/01/03	06/30/04	5.5	On Site	(2)
FINAL	07/01/04	06/30/05	10.5	On Site	(1)
FINAL	07/01/04	06/30/05	5.8	On Site	(2)
FINAL	07/01/04	06/30/05	0.0	On Site	(3)
PROV.	07/01/05	UNTIL AMENDED	Use same rates (1), (2), dollar amounts (3) and conditions as those cited for fiscal year ending June 30, 2005.		

- (1) Division of Disabilities, Aging and Rehabilitative Services (DDARS)*
- (2) Division of Mental Health (DMH)**
- (3) All Other IFSSA Operations/Programs: The costs listed on the attached Schedule A are approved on a final basis for the fiscal year ended June 30, 2005 and a provisional basis for subsequent fiscal years, until amended, for further allocation/assignments to Federal grants, contracts and other agreements performed by the organizations listed.

***BASE:**
 Direct salaries and wages including all fringe benefits for the Division of Disabilities, Aging, and Rehabilitative Services (DDARS), exclusive of contract salaries (see Special Remarks) and excluding all salaries and fringe benefits in the Developmental Disabilities Centers.

****BASE:**
 Total direct costs of the Division of Mental Health excluding capital expenditures (building, individual items of equipment; alterations and renovations) and that portion of each subaward in excess of \$25,000.

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SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition:

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

FRINGE BENEFITS:

FICA

Retirement

Group Insurance

Worker's Compensation

Unemployment Insurance

Division of Disabilities, Aging and Rehabilitative Services (DDARS) Base:
The DDARS base excludes contract salaries for medical personnel, interpreters, temporary help, and board members.

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SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs. (3) Similar type of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate (s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year (s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

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E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate (s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate (s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE DEPARTMENT/AGENCY:
Indiana Family & Social Services Administration

(DEPARTMENT/AGENCY)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

(SIGNATURE)

Henry Williams

(NAME)

Director, Division of Cost Allocation

(TITLE) CENTRAL STATES FIELD OFFICE

November 2, 2006

(DATE) 5629

HHS REPRESENTATIVE: Pamela Page

Telephone: (214) 767-6505

**SCHEDULE
A**

**INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
State & Local Rate Agreement – 9/20/06
Final Costs – FYE 6/30/05, Provisional Until Amended**

Dept No.	ALLOCATED FROM Central Service Departments:	DFC 500	DFC Hearings & Appeals 500	DFC - Revenue Mtnc	DFC - Housing	DFC - ESD	DFC - SWCAP	Total DFC Allocated Costs
1	State Wide Cost Allocation	\$ 699,631	\$ -	\$ -	\$ -	\$ -	\$ 1,949,799	\$ 2,649,430
2	Equipment Depreciation	-	-	-	-	-	-	-
3	Secretary's Office 81	2,269,323	-	-	-	-	-	2,269,323
4	Purchasing 82	-	-	-	-	-	-	-
5	Policy, Planning, & Comm 83	486,290	-	-	-	-	-	486,290
6	Legal Counsel 85	748,970	1,557,652	-	-	-	-	2,306,622
7	Dept of Tech Servcs 86	876,401	-	-	-	140,039	-	1,016,440
8	Human Resources 87	930,612	-	-	-	-	-	930,612
9	Budget/Reports/Stat 89/90	633,274	-	-	-	-	-	633,274
10	Financial Management 91	2,438,473	-	179,609	-	-	-	2,618,082
11	Claims 93	3,610,990	-	-	105,879	-	-	3,716,869
12	General Services 94	453,106	-	-	-	-	-	453,106
13	Audit 95	574,070	-	-	-	-	-	574,070
14	Budget & Finance 96	119,630	-	-	-	-	-	119,630
15	Contracts & Admin 97	295,783	-	-	-	-	-	295,783
16	Institutional Finance 99	-	-	-	-	-	-	-
17	DMHA 410	-	-	-	-	-	-	-
18	DDARS 497	-	-	-	-	-	-	-
Total Allocated Costs		\$ 14,136,554	\$ 1,557,652	\$ 179,609	\$ 105,879	\$ 140,039	\$ 1,949,799	\$ 18,069,532