ORIGINAL

STATE AND LOCAL GOVERNMENT COST ALLOCATION AGREEMENT

EIN: 51-6000279

Date: January 29, 2010

STATE/LOCALITY:
State of Delaware
Dover, DE 19901

FILING REF.: The Preceding Agreement was dated February 23, 2009

SECTION I: ALLOCATED COSTS

The central service costs listed in Schedule H, attached, are approved on a Fixed basis and may be included as part of the State/local departments and agencies during the fiscal year ending June 30, 2010 for further allocation to Federal grants, contracts, and other agreements performed at those departments and agencies. A copy of Schedule H, may also be obtained from the Division of Cost Allocation noted on page 2 of this agreement.

SECTION II: BILLED COSTS

In addition to Section I, which provides for services furnished but not billed, the services listed below are furnished and billed to departments and agencies:

I/S Fund Name

1. Group Health Insurance Fund
2. Worker's Compensation Fund
3. Department of Technology and Information
4. Pension Fund
5. Office of State Personnel
6. Auditor of Accounts
7. Fleet Management
8. Graphics and Printing Services
9. Mail/Courier Services
10. Human Resource Management

SECTION III: CONDITIONS

The amounts approved in Section I and the billings for the services listed in Section II are subject to the following conditions:

A. LIMITATIONS: (1) Charges resulting from 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. (2) Such charges represent costs incurred by the State/locality, which are legal obligations of the State/locality and are allowable under OMB Circular A-87. (3) The same costs that are treated as indirect costs are not claimed as direct costs. (4) Similar types of costs are accorded consistent accounting treatment. (5) The information provided by the State/locality that was used to establish this Agreement is not later found to be materially incomplete or inaccurate.

B. ACCOUNTING CHANGES: This Agreement is based on the accounting system purported by the State/locality 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 an allocated cost to a billed cost. Failure to obtain such approval may result in cost disallowance.

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C. FIXED AMOUNTS: If fixed amounts are approved in Section I of this Agreement, they are based on an estimate of the costs for the period covered by the Agreement. When the actual costs for this period are determined, adjustments will be made to the amounts of a future year to compensate for the difference between the costs used to establish the fixed amounts and actual costs.

D. BILLED COSTS: Charges for the services listed in Section II will be billed in accordance with rates established by the State/locality. These rates will be based on the estimated costs of providing the services. Adjustments for variances between billed costs and the actual allowable costs of providing the services, as defined by OMB Circular A-87, will be made in accordance with procedures agreed to between the State/locality and the Cognizant Agency.

E. USE BY OTHER FEDERAL AGENCIES: This Agreement was executed in accordance with the authority in OMB Circular A-87, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in Paragraph A above. The State/locality may provide copies of this Agreement to other Federal Agencies to give them early notification of the Agreement.

F. SPECIAL REMARKS:
None

BY THE STATE/LOCALITY:

EIN: 51-6000279

State of Delaware
(State/Locality)

(Signature)

Ann S. Visalli
(Name)

Director
(Title)

3/2/10
(Date)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

Department of Health and Human Services
(Agency)

Darryl W. Mayes
(Signature)

Darryl Mayes
(Name)

National Director
Division of Cost Allocation
(Title)

January 29, 2010
(Date)

DHHS Representative: Christian Poole
Telephone: (202) 401-2763