COST ALLOCATION AGREEMENT
STATE AND LOCAL GOVERNMENTS

STATE/LOCALITY:
State of Maine
Augusta, Maine 04333

DATE: December 10, 2015

FILING REF.: The preceding Agreement was dated 10/15/12

SECTION I: ALLOCATED COSTS

The central service costs listed in Exhibit A, attached, are approved on a fixed basis and may be included as part of the costs of the State/local departments and agencies indicated during the fiscal year ended 06/30/14 for further allocation to Federal grants, contracts and other agreements performed at those departments and agencies.

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 State/local departments and agencies.

INTRAGOVERNMENT SERVICE FUNDS:

1. Retirement
2. Health Insurance
3. Central Warehouse
4. Postal Center
5. Central Printing
6. Copy Center
7. Surplus Property
8. Bureau of Information Services
9. Risk Management
10. Central Motor Pool
11. Lease Operations
12. Single Audit
13. Workers' Compensation
14. Post-Retirement Health Insurance
15. Employee Life Insurance
16. Financial and Personnel Services

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 2 CFR Part 225 (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 which 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 be billed cost. Failure to obtain approval may result in cost disallowances.

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 2 CFR Part 225 (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 2 CFR Part 225 (OMB Circular A-87), and should be applied to grants, contracts and other agreements covered by that Circular, subject to any limitations in Paragraph A above. The State/locality may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

F. SPECIAL REMARKS:

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one (1) year, and an acquisition cost of $1,000 or more per unit.

BY THE STATE/LOCALITY:

Agree with Section I Costs

State of Maine
State/Locality

(Signature)

DOUGLAS E COMOIR
(Name)

STATE CONTROLLER
(Title)

12-18-15
(Date)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGENCY)

Darryl W. Mayes - A

Digitally signed by Darryl W. Mayes -A
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0.9.2342.19200300.100.1.1=2000131669, cn=Darryl W. Mayes -A
Date: 2015.12.15 14:03:24 -05'00'

(Signature)

Darryl W. Mayes
(Name)

Deputy Director, Cost Allocation Services
(Title)

December 10, 2015
(Date)

HHS Representative: M. Stack
Telephone: 212-264-2069

Agree with Section II Costs

State of Maine
State/Locality

(Signature)

KENDRA COATES
(Name)

FINANCE DIRECTOR, GGSC
(Title)

12/17/15
(Date)