



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-600
San Francisco, CA 94103

OCT 11 2011

Missy Jarnagin
Director of Budget, Procure & SS
Calif State Univ, Channel Islands
One University Drive
Camarillo, CA 93012-8599

Dear Ms. Jarnagin:

A copy of an indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal together with supporting information are required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on your fiscal year ending 06/30/13, is due in our office by 12/31/13.

Sincerely,

Wallace Chan
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

Phone: (415) 437-7820 - Fax: (415) 437-7823 - E-mail: dcaanf@pec.gov

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: DATE:10/04/2011
 ORGANIZATION: FILING REF.: The preceding
 Calif State Univ, Channel Islands agreement was dated
 One University Drive 03/11/2011
 Camarillo, CA 93012-8599

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

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2011	06/30/2014	42.00	On-Campus	All Programs
PROV.	07/01/2014	06/30/2015	42.00	On-Campus	All Programs

***BASE**

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

ORGANIZATION: Calif State Univ, Channel Islands
AGREEMENT DATE: 10/04/2011

SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2011	6/30/2012	43.90	All	(1)

**** DESCRIPTION OF PRINGE BENEFITS RATE BASE:**

Salaries and wages including vacation, holiday, sick leave pay and other paid absences except sabbaticals.

(1) All employees except non-benefit eligible.

ORGANIZATION: Calif State Univ, Channel Islands

AGREEMENT DATE: 10/04/2011

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) 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 are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT

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

The following fringe benefits are included in the fringe benefit rate(s): OASDI, DENTAL/HEALTH/LIFE/VISION INSURANCE, DISABILITY, UNEMPLOYMENT, MEDICARE, FLEX CASH, INSURANCE DEDUCTIBLE, SABBATICALS, AND RETIREMENT (NOT INCLUDING POST RETIREMENT HEALTH BENEFIT).

ORGANIZATION: Calif State Univ, Channel Islands

AGREEMENT DATE: 10/04/2011

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 facilities and administrative cost pools 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 facilities and administrative costs are not claimed as direct costs; (3) Similar types 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 cognisant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative 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-21 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.

E. OTHER.

If any Federal contract, grant or other agreement is reimbursing facilities and administrative 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 facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

Calif State Univ, Channel Islands

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

A.M. Berman

A. Michael Berman

CID, Interim VP F&A

10/28/11

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Wallace Chan

(NAME)

Director, Western Field Office

(TITLE)

10/4/2011

(DATE) 1503

Wallace Chan

Wallace Chan

Director, Western Field Office

10/4/2011

HHS REPRESENTATIVE:

Stanley Huynh

Telephone:

(415) 437-7820

FAX TRANSMISSION

Division of Cost Allocation
Dept. of Health & Human Services
90 7th Street, Suite 4-600
San Francisco, CA 94103-6705
Phone: (415) 437-7820

We are faxing (instead of mailing) agreements to you. If you have any problems with the legibility of any part of the agreement please contact this office.

Note: Please only return the signed page of the agreement by fax or email as soon as possible.
(Also, if applicable, Exhibit A, concurrence signatures, etc.)

Fax (cover sheet not required): **(415) 437-7823**

-or-

Email: **dcasf@psc.hhs.gov**