AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Colorado Department of Public Health and Environme

Action Requested: County Manager Signature

Parties to the Agreement: CDPHE and Gunnioson County

Term Begins: 01/01/2017 **Term Ends:** 12/31/2017 **Grant Contract #:**

Summary:

Indirect Cost rate agreement for calendar year 2017

Fiscal Impact:

Submitted by: Linda Nienhueser **Submitter's Email Address:** lnienhueser@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 10/12/2016 Certificate of Insurance Required Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\khaase Discharge Date: 10/14/2016

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 10/18/2016

Revised April 2015

COLORADO
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

October 3, 2016

Linda Nienhueser
Gunnison County Public Health &
Family Planning Departments
200 East Virginia Ave
Gunnison, CO 81230

Dear Ms. Nienhueser:

Two originals of the Indirect Cost Negotiation Agreement with the approved rate for January 1, 2017 - December 31, 2017 are enclosed. This Agreement reflects understandings reached between your organization and members of the Colorado Department of Public Health and Environment (CDPHE) staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the CDPHE. **Please have the two originals signed by a duly authorized representative of your organization and return one of them to me as soon as possible, while retaining one of the originals for your files.**

An indirect cost proposal together with supporting information is required to substantiate your claim for indirect costs under grants and contracts awarded by the CDPHE. Thus, your next proposal for January 1, 2018 - December 31, 2018 rate, based upon your fiscal year ended December 31, 2016, is due in our office by September 30, 2017.

Sincerely,

Lynne Swanson

Lynne Swanson
Audit Specialist

Enclosures

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

COLORADO LOCAL PUBLIC HEALTH AGENCY
INDIRECT COST NEGOTIATION AGREEMENT

Local Public Health Agency

Gunnison County Public Health
& Family Planning
200 East Virginia
Gunnison, CO 81230

DATE: October 3, 2016

FILING REF: This replaces the
Negotiation Agreement for the
1-1-16 to 12-31-16 Indirect Rate

The indirect cost rate(s) contained herein is for use on grants and contracts with the Colorado Department of Public Health and Environment to which the Office of Management and Budget Circular A-87 applies subject to the limitations contained in Section II, A., of this agreement. The rate(s) was negotiated by Gunnison County Public Health & Family Planning and the Colorado Department of Public Health and Environment.

SECTION I: RATES

Type	Effective Period From	To	Rate*	Locations	Applicable To
Fixed:	1/1/2017	12/31/2017	64.36%	All	All programs

*Base: Total Direct Costs

Treatment of Fringe Benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs.

SECTION II: GENERAL

A. LIMITATIONS: Use of the rate(s) contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rate(s) agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor or allocated to grantee/contractor via an approved Central Service cost allocation plan were incurred in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, and (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation.

C. CHANGES: If a fixed or predetermined rate(s) is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement resulting from the use of the rate(s) in this agreement require the prior approval of the authorized representative of the Colorado Department of Public Health and Environment. Failure to obtain such approval may result in subsequent audit disallowances.

D. FIXED RATE(S): The fixed rate(s) contained in this agreement is based on an estimate of the costs which will be incurred during this period for which the rate applies. When the actual costs for such period have been determined, an adjustment will be made in the negotiation following such determination to compensate for the difference between that cost used to establish the fixed rate and that which would have been used were the actual costs known at the time.

E. NOTIFICATION TO OTHER LOCAL PUBLIC HEALTH AGENCIES: Copies of this document may be provided to other local public health agencies if requested by them.

F. SPECIAL REMARKS: Colorado Department of Public Health and Environment programs currently reimbursing indirect costs to this Local Public Health Agency by means other than the rate(s) cited in this agreement should be credited for such costs and the applicable rate cited herein applied to the appropriate base to identify the proper amount of indirect costs allocable to the program.

Local Public Health Agency	Colorado Department of Public Health and Environment
_____	_____
_____	Patricia Theriot
Name	Name
_____	Internal Auditor
Title	Title
_____	October 3, 2016
Date	Date