



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-800
San Francisco, CA 94103

NEW ADDRESS

AUG 31 2007

*Copy to:
Amanda
Bonnie
Missy
Lore*

Joanne Coville
VP for Finance & Administration
Calif. State University, Channel Islands
One University Drive
Camarillo, CA 93012-8599

Dear Ms. Coville:

A copy of an indirect cost/fringe benefit 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/fringe benefit 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 and fringe benefit proposal together with supporting information are required to substantiate your claim for costs under grants and contracts awarded by the Federal Government. Thus, your next indirect cost proposal based on your fiscal year ending 6/30/11 is due in our office by 12/31/11, and your next fringe benefit proposal base on FY 6/30/07 is due by 12/31/07.

Sincerely,

Wallace Chan

Wallace Chan

Director on Agreement Issues

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: August 30, 2007

INSTITUTION:
Calif State Univ, Channel Islands
One University Drive

FILING REF.: The preceding
Agreement was dated
NONE

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: FACILITIES AND ADMINISTRATIVE COST RATES*

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

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/07	06/30/11	40.0	On-Campus	All Programs
PROV.	07/01/11	06/30/12	40.0	On-Campus	All Programs

Channel Islands
NONE

FINAL PROV. (PROVISIONAL) PRED.

*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, 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.

INSTITUTION:
 Calif State Univ, Channel Islands

AGREEMENT DATE: August 30, 2007

SECTION I: FRINGE BENEFITS RATES**

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

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE (%)</u>	<u>LOCATIONS</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
FIXED	07/01/07	06/30/08	38.0	All	All Employees

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

INSTITUTION:
Calif State Univ, Channel Islands

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SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

This organization uses a fringe benefit rate which is applied to salaries and wages for both budgeting and charging purposes for Federal projects.

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.

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):

QASDI, DENTAL/HEALTH/LIFE/VISION INSURANCE, DISABILITY, UNEMPLOYMENT, MEDICARE, FLEX CASH, INSURANCE DEDUCTIBLE, SABBATICALS, TRAINING PROGRAM, RETIREMENT (NOT INCLUDING POST RETIREMENT HEALTH BENEFIT), AND FRINGE BENEFIT ADMINISTRATION COSTS (CONTRACTUAL SERVICES, STATE PRO RATA, OH-CHANCELLOR'S OFFICE, INTERAGENCY BENEFITS).

Aug 30, 2007

...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.

...VISION INSURANCE, DISABILITY, UNEMPLOYMENT, MEDICARE, FLEX CASH, INSURANCE DEDUCTIBLE, SABBATICALS, TRAINING PROGRAM, RETIREMENT (NOT INCLUDING POST RETIREMENT HEALTH BENEFIT), AND FRINGE BENEFIT ADMINISTRATION COSTS (CONTRACTUAL SERVICES, STATE PRO RATA, OH-CHANCELLOR'S OFFICE, INTERAGENCY BENEFITS).

INSTITUTION:
Calif State Univ, Channel Islands

AGREEMENT DATE: August 30, 2007

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 cognizant 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.

BY THE INSTITUTION:
Calif State Univ, Channel Islands

ON BEHALF OF THE FEDERAL GOVERNMENT:

(INSTITUTION)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Joanne Coville
(SIGNATURE)

Wallace Chan
(SIGNATURE)

Joanne Coville
(NAME)

Wallace Chan
(NAME)

Vice President for Finance & Admin
(TITLE)

DIRECTOR, DIVISION OF COST ALLOCATION

8/31/07
(DATE)

August 30, 2007
(DATE) 1583

HHS REPRESENTATIVE: Karen Wong
Telephone: (415) 437-7820