

Contract Support Costs (CSC) Negotiation Template

Tribe: Example Tribe		Subtotals	Totals	Source of Inputs
A	Program (Service Unit) Funding	\$655,943.00		Recurring and Non-Recurring Eligible Funding for the T/TO's Programs, Functions, Services, or Activities (PFSA) at the Service Unit Level (From Cell B65 of "Funding Support" Tab)
B	Total Area Tribal Shares	\$25,000.00		Recurring and Non-Recurring Eligible Funding for the T/TO's PFSA at the Area Level (Area Office Tribal Shares, or AOTS) (From Cell C65 of "Funding Support" Tab)
C	Total Headquarters Tribal Shares	\$10,000.00		Recurring and Non-Recurring Eligible Funding for the T/TO's PFSA at the Headquarters Level (Headquarters Tribal Shares, or HQTS) (From Cell D65 of "Funding Support" Tab)
D	Total 106(a)(1)	<u>\$690,943.00</u>		Items A + B + C (Total Recurring and Non-Recurring eligible funding awarded under 106(a)(1) of the ISDEAA)
E	Indirect Costs (IDC) Associated With 106(a)(1)	<u>\$7,000.00</u>		From Cell B3 of the 80/20 and 97/3 tab. This represents PFSA funded in the 106(a)(1) amount that T/TO put into their IDC pools.
F	Direct Costs Funded through 106(a)(1)		\$683,943.00	Item D - E
G	Prior Year Direct CSC (DCSC) Need	\$76,390.00		Per prior-year agreement.
H	Inflation Factor	<u>1.6%</u>		To be provided from IHS when final non-medical fiscal rate for previous year becomes available (usually in November). Final rate would be used to update this amount, and award tribe inflation on DCSC.
I	Current Year DCSC Estimated Need	\$77,612.24	<u>\$77,612.24</u>	E13 will automatically incorporate either the prior-year DCSC need (reflected in D12) or, if there is a current-year renegotiation, the renegotiated amount (reflected in D13, which is pulled from Cell D49 of the "DCSC Negotiation" tab).
		\$0.00		
I.1	Startup and Pre-Award Need		<u>\$450.00</u>	Summarizes the negotiation for Nonrecurring Pre-Award and Startup costs for new or expanded PSFA's in the upcoming year. From "Pre-Award and Startup" tab.
J	Total Direct Costs		\$762,005.24	Items F + I , but subject to Section 6-3.2, Section E.1.a, Estimate of Indirect CSC Need and Funding Prior to the Contract Year and E.1.b, Determination of Final Amount for Indirect CSC Need and Funding. See the "Direct Cost Base Tab" for this comparison.
K	Less: Passthroughs and Exclusions		\$14,262.29	Calculates the amount of passthroughs and exclusions funded by IHS (from the Direct Cost Base tab, Cell E6)
L	Direct Cost Base		\$747,742.95	Item J - L
M	Most current IDC rate		25.12%	Current IDC rate (From Cell C4 on the IDC Rate tab).
N	Estimated IDC Need (Non-Recurring) Based on IDC Rate		\$187,833.03	Item L * M (Direct Cost Base x IDC Rate)
O	Indirect Costs (IDC) Associated with 106(a)(1)		\$7,000.00	Item E
P	Current-Year Estimated Indirect CSC Need		\$180,833.03	Item N - O (Estimated total IDC need less IDC associated with 106(a)(1).
Q	IDC-Type Costs		\$0.00	From Cell K65 in the "Indirect - Type Costs" tab, or \$0 if the T/TO negotiates indirect CSC based on its IDC rate.
R	Current-Year Total Estimated CSC Need		\$258,445.27	Items I + P (Total estimated need for DCSC and indirect CSC)

S	Current-Year Estimated DCSC Need		<u>\$77,612.24</u>	Item I
T	Total DCSC Paid Year-to-Date		<u>\$0.00</u>	Total DCSC funding paid to the tribe/tribal organization (T/TO) year-to-date (from the CSC Funding tab)
U	Current-Year Estimated Indirect CSC Need		\$180,833.03	Item P
V	Total Indirect CSC Paid Year-to-Date		\$100,000.00	Total indirect CSC funding paid to the T/TO year-to-date (from the CSC Funding tab)

Note Regarding Sub -Awards: The template awards CSC on the direct cost base incurred by the T/TO. If the T/TO has an agreement(s) with a sub-awardee whose costs are eligible to be considered in the CSC need of the T/TO AND the T/TO treats sub-awards as a passthrough cost when determining its direct cost base, the total CSC negotiated can be adjusted to incorporate eligible costs specifically identified for each sub-awardee (while recognizing sub-awardee passthroughs and exclusions and the sub-awardee's indirect cost rate).

Tribe: Example Tribe

FY: 2015

Identify Source Document(s) Used: _____

Table 1. Total Funding from IHS through the ISDEAA Agreement

Note: The funding entered into Table 1 should include all funding awarded or passed through the ISDEAA agreement (including retained services and buybacks, if identified on the funding document), except for indirect CSC or DCSC funding, which should not be included in this tab.

Categories	Service Unit	AOTS	HQTS	Total Funding
Hospitals & Clinics	\$655,943.00	\$25,000.00	\$10,000.00	\$690,943.00
Dental	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health	\$0.00	\$0.00	\$0.00	\$0.00
Alcohol & Substance Abuse	\$0.00	\$0.00	\$0.00	\$0.00
Public Health Nursing	\$0.00	\$0.00	\$0.00	\$0.00
Health Education	\$0.00	\$0.00	\$0.00	\$0.00
Community Health Reps.	\$0.00	\$0.00	\$0.00	\$0.00
Direct Operations	\$0.00	\$0.00	\$0.00	\$0.00
Self-Governance	\$0.00	\$0.00	\$0.00	\$0.00
Immunizations	\$0.00	\$0.00	\$0.00	\$0.00
Purchase & Referred Care (aka CHS)	\$0.00	\$0.00	\$0.00	\$0.00
Purchase & Referred Care (FI)	\$0.00	\$0.00	\$0.00	\$0.00
Environmental Health Support	\$0.00	\$0.00	\$0.00	\$0.00
Facilities Support	\$0.00	\$0.00	\$0.00	\$0.00
OEHE Support (HQ Shares)	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance & Improvement	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
H&C-Severance Pay; Dir Em	\$0.00	\$0.00	\$0.00	\$0.00
Self Governance	\$0.00	\$0.00	\$0.00	\$0.00
MSPI	\$0.00	\$0.00	\$0.00	\$0.00
DVPI	\$0.00	\$0.00	\$0.00	\$0.00
CHEF	\$0.00	\$0.00	\$0.00	\$0.00
GPRA	\$0.00	\$0.00	\$0.00	\$0.00
EPA	\$0.00	\$0.00	\$0.00	\$0.00
Private Insurance	\$0.00	\$0.00	\$0.00	\$0.00
Medicare	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid	\$0.00	\$0.00	\$0.00	\$0.00
Sanitation Facilities Projects	\$0.00	\$0.00	\$0.00	\$0.00
Sanitation Facility - Housing	\$0.00	\$0.00	\$0.00	\$0.00
Sanitation Facilities - Regular	\$0.00	\$0.00	\$0.00	\$0.00
Other (List)	\$0.00	\$0.00	\$0.00	\$0.00
Other (List)	\$0.00	\$0.00	\$0.00	\$0.00
Other (List)	\$0.00	\$0.00	\$0.00	\$0.00
Total Funding (Less CSC)	\$655,943.00	\$25,000.00	\$10,000.00	\$690,943.00

Table 2: Less: Funding Ineligible for CSC

Note: Funding amounts for categories listed in Table 2 may be in other categories in Table 1. As a result, items highlighted in red in Table 2 may need to be entered manually if the funds are included in a different category in Table 1, since the amount will not automatically populate.

Categories	Total Service Unit	AOTS	HQTS	Total Funding
MSPI	\$0.00	\$0.00	\$0.00	\$0.00
DVPI	\$0.00	\$0.00	\$0.00	\$0.00
CHEF	\$0.00	\$0.00	\$0.00	\$0.00
GPRA	\$0.00	\$0.00	\$0.00	\$0.00
EPA	\$0.00	\$0.00	\$0.00	\$0.00
Private Insurance	\$0.00	\$0.00	\$0.00	\$0.00

Medicare	5/4/2017 4:41 PM	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid		\$0.00	\$0.00	\$0.00	\$0.00
Sanitation Facilities Projects		\$0.00	\$0.00	\$0.00	\$0.00
Sanitation Facility - Housing		\$0.00	\$0.00	\$0.00	\$0.00
Sanitation Facilities - Regular		\$0.00	\$0.00	\$0.00	\$0.00
Reimbursements		\$0.00	\$0.00	\$0.00	\$0.00
Retained Services		\$0.00	\$0.00	\$0.00	\$0.00
Other (List)		\$0.00	\$0.00	\$0.00	\$0.00
Other (List)		\$0.00	\$0.00	\$0.00	\$0.00
Other (List)		\$0.00	\$0.00	\$0.00	\$0.00
Total Ineligible		\$0.00	\$0.00	\$0.00	\$0.00

Result: Total Funding Eligible for CSC	\$655,943.00	\$25,000.00	\$10,000.00	\$690,943.00
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To Summary Tab, Row A To Summary Tab, Row B To Summary Tab, Row C To Summary Tab, Row D

CSC Payment Summary		
Indirect CSC Payments		
Modification Number	Date	Amount
Initial Award		\$100,000.00
Mod 1		
	Total	\$100,000.00
DCSC Payments		
Modification Number	Date	Amount
Initial Award		
Mod 3		
	Total	\$0.00
Total CSC Funding		\$100,000.00

To Summary Tab, Row V

To Summary Tab, Row T

Summary Results of Direct Cost Base Tab

Total Direct Costs	\$762,005.24
Eligible Direct Cost Base Percentage	98.1% Results of tables below
Passthrough and Exclusions	\$14,262.29 (To Summary Worksheet Row K)

This Tab should only be completed for a T/TO using an IDC rate to negotiate indirect CSC. If the T/TO is negotiating indirect CSC as IDC-type costs with the Area, DO NOT FILL IN THIS TAB.

Select the response from the drop down menu in cell F10 that matches the Direct Cost Base type listed on the T/TO's Rate Agreement	Select Direct Cost Base Type Total Direct Cost
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Complete Table 1 for All T/TO. For salary or salary plus fringe base T/TO, complete Table 2a. For total direct cost base T/TO also complete Table 2b.

Year	Table # 1 Description	Proposal							IDC Rate Agreement Direct Cost Base	% of Direct Cost Base to Direct Costs
		Total Program Amount	Capital Expense and equipment	Contracted Services	Unallowable/COGS/In Kind/Debt/Interest	Indirect Recovery	Other Exclusions	Direct Cost Base		
2012	IHS Award, Sub	\$180,716.00	\$8,444.00	\$0.00	\$0.00	\$36,891.00		\$135,381.00		
	IHS Award, Sub	\$839,628.00	\$6,755.00	\$0.00	\$0.00	\$171,401.00	\$0.00	\$661,472.00		
	Total IHS-ISDEAA	\$1,020,344.00	\$15,199.00	\$0.00	\$0.00	\$208,292.00	\$0.00	\$796,853.00	\$796,853.00	98.1%

Determine Reasonableness, using either Table 2a (salary or salary plus fringe base) or Table 2b (total direct cost base):

Table 2a	
Reasonableness Test for Salary Base	Reasonableness Test for Salary + Fringe Base
Elig. %	Elig. %
62.0%	80.0%

OR

Determination of Total Health Program for Purposes of Estimating Total Direct Cost Base

Year	Table # 2b Description	Awarded Amount IHS Award	Financial Statements				Proposal					IDC Rate Agreement Direct Cost Base	Total Direct Costs	% of Exclusions to Direct Cost	
			Gov't Revenue	Other Revenue	Total Expenditures	SEFA	Total Program Expenditures	Capital Outlay	Contracted Services	Unallowable/COGS/In Kind/Debt/Interest	Indirect Recovery				Direct Cost Base
2012	IHS Award, Sub						\$180,716.00	\$8,444.00	\$0.00	\$0.00	\$36,891.00	\$135,381.00			
	IHS Award, Sub						\$839,628.00	\$6,755.00	\$0.00	\$0.00	\$171,401.00	\$661,472.00			
	Total IHS-ISDEAA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,020,344.00	\$15,199.00	\$0.00	\$0.00	\$208,292.00	\$796,853.00	796,853	812,052	
	3rd Party						\$26,217.00	\$0.00	\$0.00	\$0.00	\$2,498.00	\$23,719.00			
	Tribal Contribution						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
	Total Program		\$0.00	\$0.00	\$0.00	\$0.00	\$1,046,561.00	\$15,199.00	\$0.00	\$0.00	\$210,790.00	\$820,572.00		\$835,771.00	98.2%

Determination of DCB, in accordance with 6-3.2, Section E.1		
Total Expenditures	Indirect Costs	Total Direct Costs
\$1,046,561.00	\$210,790.00	\$835,771.00

Budgeted Direct Costs Based on Funding	\$762,005.24
Prior-Year Direct Costs of Total Health Program	\$835,771.00
Take the lesser of	\$762,005.24 (To Summary Worksheet (Cell E16))

Y/N	
Is this a year end close out?	No

For Close Out Only, the T/TO may propose Total Direct Costs upon Close Out in accordance with 6-3.2, Section E.1.b	
Amounts Proposed by T/TO:	\$0.00
Amount Negotiated:	\$0.00
Notes:	
Necessary documentation will be provided and should accompany this Close Out Form.	

80/20 and 97/3 Calculations for IDC Associated with Tribal Shares and Service Unit PFSA

Total Duplication \$7,000.00 (To Summary Worksheet Row E)

Table 1. IDC Associated with the Area and HQ Tribal Shares

Table below assumes that T/TO and IHS have agreed to the 80/20 Split of HQ and Area Shares to identify Duplication

Total Eligible Area Tribal Shares	\$25,000.00	Recurring and Non-Recurring Eligible Funding for the T/TO's PFSA at the Area Level (AOTS) (From Cell C65 of
Total HQ Eligible Tribal Shares	\$10,000.00	Recurring and Non-Recurring Eligible Funding for the T/TO's PFSA at the Headquarters Level (HQTS) (From Cell
Percent Associated with IDC	20.00%	
Total IDC Associated with AOTS and HQTS	\$7,000.00	

Table 2. IDC Associated with the Service Unit

If the answer to either of these first two questions is Yes, then the Service unit funding for the entire program will automatically be pulled into cell B26, and the IDC associated with all the Service unit funding will be calculated using the "97/3" split. Select the appropriate answer using the drop down box.

Did T/TO propose or renegotiate the amount of IDC associated with the Service unit for Prior Year funding?
 or
 Did T/TO include new indirect costs in the IDC pool resulting in a change of more than 2% of the pool?

Y/N
Select Answer

If the answer to the first two questions was no, then select the appropriate answer to the next two questions using the drop down box.

Will T/TO assume a new or expanded PFSA this year?
 or
 Will T/TO add staff associated with a Joint Venture this year?

Y/N
No

IF Yes, then the IDC associated with the Service unit will need to be reviewed, but only for the new or expanded program amounts (or additional staff associated with a joint venture). Input the appropriate amount of funding in cell B31.

Table 2a. IDC Associated with the Service Unit Level Funding - 97/3 Split

Total Eligible Service Unit Funding	\$0.00	Recurring and Non-Recurring Eligible Funding for the T/TO's PFSA at the Service Level (From Cell B65 of Funding Support Tab)
Eligible New/Expanded Service Unit Funding	\$0.00	N/A
Percent Associated with IDC	3.00%	
Total IDC Associated with Service Unit Funding	\$0.00	

If the Area must review the amount of IDC associated with the Service unit funding based on the questions above, and the Tribe chooses to have the Area perform a case by case detailed analysis of the Service Unit expenditures, then use table 2b instead of 2a. (Note: If using table 2b, ensure that table 2a is blank)

Has the Tribe chosen to review the amount of IDC associated with the Service unit funding using a case by case analysis, instead of using the default 97/3 split?	Y/N
	No

Table 2b. IDC Associated with the Service Unit Level Funding -- Case-by-Case Analysis

IDC Associated with the Service Unit Level Funding	Total Health Program Expenses	IHS Portion	Notes
Utilities		\$0.00	
Janitorial Services		\$0.00	
M&I		\$0.00	
Medical Billing		\$0.00	
Other (List)		\$0.00	
Total	\$0.00	\$0.00	
Direct Cost Base Expenses	Expenses		If this review is for a new or expanded PFSA, then the Area will need to estimate the direct cost base associated with the new funding, and enter that amount as the IHS Direct Cost Base for CY. If this review is to renegotiate the IDC associated with the Service unit for the entire IHS award, then the Area should use the IHS direct cost base reported on the T/TO's IDC rate proposal.
IHS Direct Cost Base for CY	\$10.00		
Total Direct Cost Base	\$20.00		
Ratio	50.00%		

Table 1. IDC Rate Information for a Single-Rate Entity (N/A for Multiple-Rate Entities)		
FY/CY/SY IDC Rate		2014
Type of Base		TDC
Rate		25.12%

OR

Table 2. Alternative for Multiple-Rate Entities Only (C)			
	A	B	C
Rate	Name of Rate	Actual Base (Most recent available)	Current Year Rate
1	Hospital	\$0.00	
2	Non-Hospital	\$0.00	
3 (If necessary)	Pass Through	\$0.00	
4 (If necessary)		\$0.00	
Blended Rate		\$0.00	

Direct Contract Support Cost Negotiation Template				
Row	Tribe: Example Tribe	Sub Totals	Totals	Source of Inputs
4	Total Funding (Less CSC)		\$690,943.00	From Cell E65 of the Funding Support tab
5	IHS Labor %		56.4%	
6	IHS Labor		\$389,691.85	Row 4*5
7				
8	IHS Fringes			
9	FICA (includes Medicare)	6.93%		6.2% on first \$118,500 of each employee's salary, plus 1.45% on total wages. Rate cannot exceed 7.65%
10	Retirement	12.28%		
11	Insurance (Life, Health, Disability)	6.68%		
12	Total IHS Fringe Rate	25.89%		Sum of Rows 9-11
13	IHS Fringe Costs		\$100,891.22	Row 6*12
14				
15	T/TO Fringe			
16	FICA (includes Medicare)	7%		Rate can not exceed 7.65%, and should be less as employees' salaries exceed FICA limit
17	Retirement	12%		
18	Insurance (Life, Health, Disability)	7%		
19	Sub-Total T/TO Fringe Rate	25.89%		Sum of Rows 16-18
20				
21	Total T/TO Actual Labor	\$370,000.00		
22				
23	Reasonableness	54%		Row 21/4
24				
25	Cap of Salary @ 62%	\$428,384.66		Row 4*62%
26				
27	T/TO Sub-Total Fringe (Sub-Total T/TO Fringe Rate x Total T/TO Actual Labor OR Cap of Salary)		\$95,793.00	
28				
29	DCSC Need for FICA, Retirement, and Insurances		(\$5,098.22)	If T/TO does not submit a proposal for items on rows 16-18, zero out cell D29.
30				
31	Workers' Compensation		\$0.00	C31*C21 or C31*C25
32	SUTA (FUTA cannot be claimed)		\$0.00	C32*C21 or C32*C25
33				
34	DCSC Need for Fringe		\$0.00	Sum of Rows 29, 31, and 32
35				
36	Other Activities			Other activities can be included only if in accordance with the ISDEAA. See IHM, exhibit H.
37				
38	Training -			
39	Training - Discipline Specific			Generally training is not eligible for direct CSC. One exception would be training to comply with requirements not applicable to IHS.
40	Training - Discipline Specific			
41	Insurance -			
42	List Insurance type			Tribes are covered by the Federal Tort Claims Act, and therefore insurance expense is generally not eligible for direct CSC.
43	List Insurance type			
44	Legal -			
45	List activity			Because the IHS does not transfer federal legal activities or related funding to the T/TO, the reasonable legal costs of the T/TO in support of the contract may be eligible for direct CSC.
46	List activity			

47	DCSC Need for Other Activities		\$0.00	Sum of Rows 38-46
48				
49	TOTAL DCSC NEED		\$0.00	Sum of Rows 34 and 47; To Summary Worksheet tab, Cell D13
50				

IDC TYPE COST - RELATIVE TO THE IHS CONTRACT

Table 1: T/TO's Identification of Current-Year Budgeted Indirect-Type Costs

Table 3: IHS Portion of Indirect-Type Costs

Indirect-Type Activity Description	A. Total PY Amount Incurred Indirects	B. Adjustment for CY Changes	C. Portion Attributable to Direct Activities	D. Unallowable Costs	E. Allowable Indirect-Type Costs (B-C-D)	M. IHS Portion (E x IHS Ratio)	N. Costs That Are Unreasonable, Unnecessary, or Associated with 106(a)(1) Funding		O. IDC-Type Amount for Indirect CSC
Overall T/TO Administration									
Tribal Administrator					-	#DIV/0!			#DIV/0!
Administrator Asst.					-	#DIV/0!			#DIV/0!
Council Admin. Assistant					-	#DIV/0!			#DIV/0!
Council Stipends					-	#DIV/0!			#DIV/0!
Exec. Secretary					-	#DIV/0!			#DIV/0!
Chief Financial Officer					-	#DIV/0!			#DIV/0!
Accounting									
General Ledger Accountant					-	#DIV/0!			#DIV/0!
General Ledger Accountant					-	#DIV/0!			#DIV/0!
Accounting Clerk					-	#DIV/0!			#DIV/0!
Accounting Clerk					-	#DIV/0!			#DIV/0!
Medical Billings Clerk					-	#DIV/0!			#DIV/0!
Information Systems									
Information System Director					-	#DIV/0!			#DIV/0!
Maintenance Person I					-	#DIV/0!			#DIV/0!
Maintenance Person II					-	#DIV/0!			#DIV/0!
Human Resources/Legal									
Board Liaison					-	#DIV/0!			#DIV/0!
HR Director					-	#DIV/0!			#DIV/0!
General Counsel					-	#DIV/0!			#DIV/0!
Other									
Membership Director					-	#DIV/0!			#DIV/0!
Newspaper Editor					-	#DIV/0!			#DIV/0!
Position 1					-	#DIV/0!			#DIV/0!
Position 2					-	#DIV/0!			#DIV/0!
Subtotal Salaries	-	-			-	#DIV/0!			#DIV/0!
F. Fringe Benefit Rate									
	20%	20%					20%	20%	20%
Indirect Personnel Fringe Benefits	-	-			-	#DIV/0!			#DIV/0!
Professional Fees									
Consultants					-	#DIV/0!			#DIV/0!
Contractors					-	#DIV/0!			#DIV/0!
Legal Fees					-	#DIV/0!			#DIV/0!
Audit Fees					-	#DIV/0!			#DIV/0!
Board Expenses									
Travel					-	#DIV/0!			#DIV/0!
Other					-	#DIV/0!			#DIV/0!
Space Costs									
Telephone and Utilities					-	#DIV/0!	#DIV/0!		#DIV/0!
Maint./Repair					-	#DIV/0!	#DIV/0!		#DIV/0!
Rent/Depreciation					-	#DIV/0!	#DIV/0!		#DIV/0!
Tribal Newspaper					-	#DIV/0!			#DIV/0!
Other (equipment) Depreciation					-	#DIV/0!			#DIV/0!
Travel					-	#DIV/0!			#DIV/0!
Insurance					-	#DIV/0!			#DIV/0!
General Liability					-	#DIV/0!			#DIV/0!
Auto					-	#DIV/0!			#DIV/0!
(List each individually)					-	#DIV/0!			#DIV/0!
Office Supplies and Postage					-	#DIV/0!			#DIV/0!
Meals and Entertainment					-	#DIV/0!			#DIV/0!
Other					-	#DIV/0!			#DIV/0!
Total	\$ -	\$ -			\$ -	#DIV/0!	#DIV/0!		#DIV/0!

Amount to Carryforward to Summary **Worksheet Tab**

\$ -

Table 2. Calculation of IHS Ratio

G. Program/Agency	H. Prior Year Actual		I. Exclusions	J. Adjustments for the Current Year	K. Current-Year Program Base	L. Funding as % of total Direct Cost Base
	Direct Costs					

(H - I + J)

BIA (638)						-	#DIV/0!
IHS (638)						-	#DIV/0!
Park Service						-	#DIV/0!
DHHS						-	#DIV/0!
Dept. of Education						-	#DIV/0!
Dept. of Justice						-	#DIV/0!
HUD						-	#DIV/0!
EPA						-	#DIV/0!
Tribal						-	#DIV/0!
Totals	\$	-	\$	-	\$	-	#DIV/0!

Startup and Pre-Award Costs Negotiation Template

Notes Please reference IHS Manual 6-3.2, Section C, Startup and Pre-Award and Exhibit 6-3-H

Description of Costs	Amount Requested	Amount Negotiated	Notes [Also include Pre-Award Notice Date]
Startup Item 1	100.00	\$0.00	
Startup Item 2	120.00	\$110.00	
Startup Item 3	130.00	\$0.00	
Startup Item 4	100.00	\$100.00	
Startup Item 5	0.00	\$0.00	
	0.00	\$0.00	
	0.00	\$0.00	
	0.00	\$0.00	
Subtotal Startup Costs	\$ 450.00	\$ 210.00	
Pre-Award Item 1	100.00	\$0.00	
Pre-Award Item 2	110.00	\$110.00	
Pre-Award Item 3	110.00	\$0.00	
Pre-Award Item 4	120.00	\$0.00	
Pre-Award Item 5	130.00	\$130.00	
Pre-Award Item 6	0.00	\$0.00	
Pre-Award Costs	\$ 570.00	\$ 240.00	
Total	\$ 1,020.00	\$450.00	Sum of Rows 17 and 26; To Summary Worksheet tab, Cell E14

Notes of Negotiations, including T/TO representatives, dates of meetings, items discussed

[Empty area for notes of negotiations]

Rate Used:	
Year:	
Type of Rate:	
Date of Bilateral Modification:	

Responsible Area Representatives

Notification Regarding Closeout. This final reconciliation will be completed pursuant to the IHS Manual 6-3.2, Section E.1.b, Determination of Final Amount for Indirect CSC Need and Funding.