Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: Select Date

Agency Name:

Contract/Agreement Number:  Contract Term/Allocation Fiscal Year:

1. **NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)**

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency’s approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget.

**%** Fixed Percent of:

Total Personnel Costs:

Total Allowable Direct Costs:

1. **LOCAL HEALTH JURISDICTIONS (LHJ)**

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency’s approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

**%** Fixed Percent of:

Total Personnel Costs:

Total Allowable Direct Costs:

1. **OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES**

University Agencies are allowed up to the maximum ICR percentage approved by the agency’s Federal cognizant agency ICR or may elect to charge less than the agency’s approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

**%** Fixed Percent of:

Total Personnel Costs (Includes Fringe Benefits)

Total Personnel Costs (Excludes Fringe Benefits)

Total Allowable Direct Costs

Please provide you agency’s detailed methodology that includes all indirect costs, fees and percentages in the box below.

|  |
| --- |

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Signature:

Printed First & Last Name:

Title/Position:

Date: Select Date