Program Support Center Financial Management Portfolio Cost Allocation Services

1301 Young Street Suite 106-1140 Dallas, TX 75202 PHONE: (214) 767-3261 FAX: (214) 767-3264

EMAIL: CAS-Dallas@psc.hhs.gov

October 30, 2020

Mr. Adam Greshin Commissioner of Finance and Management Pavilion Building 109 State Street, 5th floor Montpelier, VT 05609

Dear Mr. Greshin:

The original Cost Allocation Agreement approving your central service costs based upon actual cost for fiscal years ended June 30, 2017 and June 30, 2018 is enclosed for the fiscal year ending June 30, 2019 and June 30, 2020, respectively. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the central service costs that may be included in the costs of your departments and agencies for further allocation to Federal grants and contracts performed by those departments and agencies. Please have the <u>original</u> signed by a duly authorized representative of your organization and return it to me retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding agencies of the Federal Government for their use.

Your next cost allocation plan for the fiscal years ending June 30, 2021 and June 30, 2022 based on your actual costs of fiscal years ending June 30, 2019 and June 30, 2020, respectively, were received. These plans should include carry-forward adjustments needed to compensate for the differences between the central service costs approved on a fixed basis for the fiscal years ending June 30, 2019 and June 30, 2020 and the actual costs for those years.

To complete the negotiation of your plan timely, it must be prepared in accordance with Appendix V of the *Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and the instructions contained in Part Four of the *ASMB C-10 Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government* (ASMB C-10).

If you have any questions, please call drop a line to <u>michael.phillips@psc.hhs.gov</u> or call (214)-767-3236.

Sincerely,

Darryl W. Mayes Deputy Director Cost Allocation Services

Enclosure

COST ALLOCATION AGREEMENT STATE AND LOCAL GOVERNMENTS

EIN #: DATE: October 30, 2020

State of Vermont

Montpelier, Vermont 05602

FILING REF: The preceding Agreement was dated August 28, 2017

SECTION I: ALLOCATED COSTS

The central service costs listed in <u>Exhibit A</u>, attached, are approved on a <u>Fixed</u> basis and may be included as part of the costs of the State/local departments and agencies indicated during the fiscal years ended <u>June 30, 2019</u> and <u>June 30, 2020</u> for further allocation to Federal grants, contracts, and other agreements performed at those departments and agencies.

SECTION II: BILLED COSTS

In addition to Section I, which provides for services furnished but not billed, the services listed below are furnished and billed to departments and agencies:

- 1. FICA
- 2. Life Insurance
- Medical Insurance
- 4. Dental Insurance
- 5. Retirement
- 6. Employee Assistance Plan
- 7. Workers' Compensation
- 8. Copy Center
- 9. E Procurement
- 10. Communications & Information Technology
- 11. Highway Garage
- 12. Offender Work Program
- 13. Single Audit
- 14. Postage
- 15. Property Management
- 16. Equipment/State Energy Revolving Fund
- 17. State/Federal Surplus Property
- 18. Fleet
- 19. State Liability Insurance
- 20. Risk Management All Other
- 21. Facilities Operation
- 22. Long Term Disability
- 23. Financial & HR Information
- 24. State Resource Management
- 25. Human Resources

STATE/LOCALITY: State of Vermont

DATE: October 30, 2020

SECTION III: CONDITIONS

The amounts approved in Section I and the billings for the services listed in Section II are subject to the following conditions:

- A. <u>LIMITATIONS</u>: (1) Charges resulting from 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. (2)Such charges represent costs incurred by the State/locality which are legal obligations of the State/locality and are allowable under OMB Uniform Guidance (2 CFR 200). (3) The same costs that are treated as indirect costs are not claimed as direct costs. (4) Similar type of costs is accorded consistent accounting treatment. (5) The information provided by the State/locality which was used to establish this Agreement is not later found to be materially incomplete or inaccurate.
- B. <u>ACCOUNTING CHANGES:</u> This Agreement is based on the accounting system purported by the State/locality 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 an allocated cost to a billed cost. Failure to obtain such approval may result in cost disallowances.
- C. <u>FIXED AMOUNTS:</u> If fixed amounts are approved in Section I of this Agreement, they are based on an estimate of the costs for the period covered by the Agreement. When the actual costs for this period are determined, adjustments will be made to the amounts of a future year to compensate for the difference between the costs used to establish the fixed amounts and actual costs.
- D. <u>BILLED COSTS:</u> Charges for the services listed in Section II will be billed in accordance with rates established by the State/locality. These rates will be based on the estimated costs of providing the services. Adjustments for variances between billed costs and the actual allowable costs of providing the services, as defined by OMB Uniform Guidance (2 CFR 200), will be made in accordance with procedures agreed to between the State/locality and the Cognizant Agency.
- E. <u>USE BY OTHER FEDERAL AGENCIES</u>: This Agreement was executed in accordance with the authority in OMB Uniform Guidance (2 CFR 200), and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in Paragraph A above. The State/locality may provide copies of this Agreement to other Federal Agencies to give them early notification of the Agreement.

F. SPECIAL REMARKS:

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

ACCEPTANCE: BY THE STATE/LOCALITY: BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT: STATE OF VERMONT DEPARTMENT OF HEALTH AND HUMAN SERVICES (STATE/LOCALITY) (AGENCY) (AGENCY)

Darryl W. Mayes -5

DN: c=US, o=U.S. Government, ou=HH5, ou=PSC, ou=People, 0,9.2342.19200300.100.1.1=2000131669, cn=Darryl W. Mayes -5

Date: 2021.02.25 07:14:29 -05'00' Adam Greshin Digitally signed by Adam Greshin Date: 2021.03.01 08:40:36 -05'00' (SIGNATURE) (SIGNATURE) Adam Greshin Darryl W. Mayes (NAME) (NAME) Commissioner of Finance and Management Deputy Director, Cost Allocation Services (TITLE) (TITLE) October 30, 2020 October 30, 2020 (DATE) (DATE) HHS Representative: Michael Phillips Telephone: 214-767-3261

STATE/LOCALITY: State of Vermont

DATE: October 30, 2020