

## NONPROFIT RATE AGREEMENT

EIN: 1610865874A1  
ORGANIZATION:  
Gateway Community Services Organization, Inc.  
P.O. Box 367  
West Liberty, KY 41472

Date: 04/03/2023  
FILING REF.: The preceding  
agreement was dated  
04/16/2021

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.

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### SECTION I: INDIRECT COST RATES

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

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
FINAL	07/01/2021	06/30/2022	16.30	All	All Programs
PROV.	07/01/2022	06/30/2025	16.30	All	All Programs

\*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

## **SECTION II: SPECIAL REMARKS**

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### TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

### 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 are not made for the cost of these paid absences.

**TREATMENT OF ADMINISTRATIVE COSTS:**

This organization charges all costs to a particular final cost objective, i.e., a particular award, project, service, or other direct activities, with the exception of the costs listed below:

1. Salaries & wages and related fringe benefits:

Executive Director, Chief Finance Officer, Accountant I, Executive Assistant, Information Technology Officer, Receptionist, Maintenance, Human Resource Director.

2. Non Labor expenses

Maintenance/Equip, Insurance, Office Supplies, Training, Transportation, Depreciation, Postage, Telephone, Travel, Other.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year, and a per-unit acquisition cost which equals or exceeds \$5,000.

Fringe Benefits –

FICA/Medicare  
State Unemployment  
Retirement  
Health Insurance  
Accrued Leave  
Workers' Compensation  
Dental Insurance  
Vision Insurance  
Life Insurance

The indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF-PI-HS-08-03) dated 5/12/2008, which precludes recipients of Head Start grants to use any Federal funds to pay for any part of the compensation of an individual either as a direct cost or any pro-ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. As of January, 2023 the rate of compensation for an Executive Level II is \$213,100 per year.

The next Indirect Cost Proposal, based on actual costs for the fiscal year ending 06/30/2023, is due in our office by 12/31/2023.

**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 indirect cost pool 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 indirect 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 indirect 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 Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, 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.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

**BY THE INSTITUTION:**

Gateway Community Services Organization, Inc. \_\_\_\_\_

(INSTITUTION)

Martina Roe  
\_\_\_\_\_  
(SIGNATURE)

Martina Roe  
\_\_\_\_\_  
(NAME)

CEO  
\_\_\_\_\_  
(TITLE)

4/3/23  
\_\_\_\_\_  
(DATE)

**ON BEHALF OF THE GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
\_\_\_\_\_  
(AGENCY)

\_\_\_\_\_  
(SIGNATURE)

Darryl W. Maves  
\_\_\_\_\_  
(NAME)

Deputy Director, Cost Allocation Services  
\_\_\_\_\_  
(TITLE)

04/03/2023  
\_\_\_\_\_  
(DATE)

HHS REPRESENTATIVE: Wheatford Ashby

TELEPHONE: (301) 492-4855