

FLORIDA DEPARTMENT OF HEALTH (FDOH)

Indirect Cost Rate Approval

Absent from an approved Indirect Cost Rate Agreement, Local Grantee Organizations may now utilize the 10% De Minimis Rate in lieu of a full negotiated indirect rate proposal.

Grantee Legal Name:		
•		_
Grantee UEI Number:		
Funding Period:		
Grantee has or had received an the last 4 years	approved rate agreement in	(see attached)
Approved Rate Agreement Percentage (Insert Here)	
Grantee has never received an is utilizing the 10% De Minimis		(complete next section & attach IRS Form 990 if application
	The Calculation	
up to the first \$25,000 of each grar award). MTDC excludes equipmen	ntee (regardless of the period of p t, capital expenditures, charges fo	and supplies, services, travel, and performance of the grantee under the or patient care, rental costs, tuition and the portion of each grantee in
Most Recent Financial Statements or IR	S Form 990 in U.S. Dollars	
Total cost of Operation		
Federal Grant Funds State Grant Funds		
Other Fund Sources		
Total of All Expenditures		-
Indirect Cost Calculation The 10% de minimis rate is based on a M defined under 2 CFR 200.68	Modified Total Direct Costs (MTDC) as	
MDTC Included Items		
Wages/Salaries		
Fringes/Benefits		
Supplies		
Meterials		
Services		
Travel		
First \$25,000 of Sub-Awards/Contrac	cts	
*Other (please explain)		
Total Expenses		-
Actual Percentage (based on financia	I statements)	
Please validate that the MTDC items exc tuition remission, scholarships and fellow	cludes equipment, capital expenditures ships, participant support costs and the ded when necessary to avoid a serious i	
Prepared By (Grantee CFO):		-
		_Date:
Approval By (FDOH Contract Manager)		_
		Date: