



PUBLIC SAFETY COMMITTEE MEETING AGENDA

Commission Chamber

Monday, January 13, 2025

1:05 PM

PUBLIC SAFETY

- 1.** Approve and accept a grant award for the continuation of the Victim of Crime Act (VOCA) Grant with funding of \$74,902.00 from the Criminal Justice Coordination Council of Georgia (CJCC) to provide services to crime victims for the period of October 1, 2024, through September 30, 2025, and authorize the Mayor to execute necessary documents.



Meeting Name

Meeting Date: 11/26/24

Item Name

Department:	Victim of Crime Act (VOCA) District Attorney Office Victim Assistance Program
Presenter:	Jared Williams, Adorea Hawthorne or staff
Caption:	Approve and accept a grant award for the continuation of the Victim of Crime Act (VOCA) Grant with funding of \$74,902.00 from the Criminal Justice Coordination Council of Georgia (CJCC) to provide services to crime victims for the period of October 1, 2024, through September 30, 2025, and authorize the Mayor to execute necessary documents.
Background:	It is for the Victim Assistance Program in the District Attorney’s Office. Our office has received funding from the Criminal Justice Coordinating Council for over 20 years, and this is a continuation grant from last year. The purpose is to allow for the provision of services to crime victims as outline in the Crime Victims’ Bill of Rights. The funding is used for the salary of one victim advocate.
Analysis:	N/A
Financial Impact:	Funded via Criminal Justice Coordinating Council of Georgia Victim of Crime Act (VOCA)
Alternatives:	N/A
Recommendation:	Please approve the Victims of Crime Act (VOCA) Funding Grant
Funds are available in the following accounts:	Budgeted in org key 220022627
<u>REVIEWED AND APPROVED BY:</u>	N/A



PAC

Prosecuting
Attorneys'
Council of Georgia

Seeking Justice with Honor

PETER J. SKANDALAKIS
Executive Director

December 2, 2024

TASHA M. MOSLEY
Chair
District Attorney
Clayton Judicial Circuit

Re: Federal Fiscal Year 2025 VOCA Allocation - October 1, 2024 through September 30, 2025

Dear Augusta Judicial Circuit:

KEITH E. GAMMAGE
Vice Chair
Solicitor-General
Fulton County

It is my pleasure to inform you that the Criminal Justice Coordinating Council (CJCC) has approved the Federal Fiscal Year 2025 VOCA Continuation funding applications as submitted by the Prosecuting Attorneys' Council of Georgia (PAC). Therefore, your office has been selected to receive a portion of those funds. Below are the specifics with regard to your allocation of the statewide grant distribution.

LEIGH PATTERSON
Secretary
District Attorney
Rome Judicial Circuit

JONATHAN L. ADAMS
District Attorney
Towaliga Judicial Circuit

County: **Augusta-Richmond**
Implementing Prosecuting Attorney: **District Attorney Jared Williams**
Grant Period: **October 1, 2024 through September 30, 2025**

SHERRY BOSTON
District Attorney
Stone Mountain Judicial Circuit

Allocation 1

VOCA Federal Funds: **\$74,902**
VOCA Waived Match Funds: **\$18,726**
CJCC Sub-Grant Number: **C23-8-249**
Federal Grant Number: **TBD**
CFDA Number: **16.575**

MARIE G. BRODER
District Attorney
Griffin Judicial Circuit

WILLIAM A. FINCH
Solicitor-General
Forsyth County

TODD HAYES
Solicitor-General
Cherokee County

The activation documents (see included checklist for guidelines on submitting documents) must be returned to PAC by **January 31, 2025**. If you have any questions, please contact Sarai Leonides-Medina at sleonides@pacga.org or (770) 282-6290.

BRADFORD L. RIGBY
District Attorney
Cordele Judicial Circuit

Sincerely,

Peter J. Skandalakis
Executive Director
Prosecuting Attorneys' Council of Georgia

AUGUSTA, GEORGIA New Grant Proposal/Application

Before a Department/agency may apply for the grant/award on behalf of Augusta Richmond County, they must first obtain approval signature from the Administrator and the Finance Director. The Administrator will obtain information on the grant program and requirements from the funding agency and review these for feasibility to determine if this grant/award will benefit Augusta Richmond County. The Finance Director will review the funding requirement to determine if the grant will fit within our budget structure and financial goals.

Proposal **Project No.** **Project Title**
PR000551 DA OFFICE FY 2024-2025 Augusta VWAP VOCA


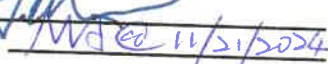
Requesting the VOCA Grant to continue the current level and provision of services to crime victims in the Augusta Judicial Circuit as outlined in the Crime Victims' Bill of Rights. This grant is a continuation grant for the salaries of two separate victim advocates to carry out the services above. / Local Match Waiver Amount: 18,725.50 / EEO Required: Yes / EEO Notified: Yes

Start Date: 10/01/2024 **End Date:** 09/30/2025
Submit Date: 11/20/2024 **Department:** 028
Total Budgeted Amount: 93,627.00 **Total Funding Agency:** District Attorney **Cash Match?** Y
74,902.00 **Total Cash Match:** 18,725.00


Sponsor: GM0012 Criminal Justice Coord Co
Sponsor Type: PT Pass thru Federal
Purpose: 3 Victims Rights

Flow Thru ID: GM0017 Prosecuting Attorney's Council

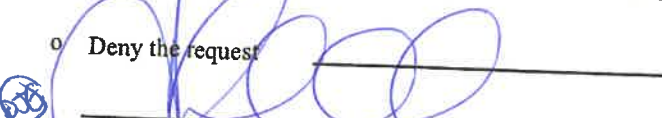
Type	ID	Name	Contacts	Phone
I	GMI041	Hawthorne, Adorea		(706)821-1214

Type	By	Date	Approvals
FA	J. WILLIAMS	11/20/2024	Dept. Signature:  Grant Coordinator Signature: 

- 1.) I have reviewed the Grant application and enclosed materials and:
 - Find the grant/award to be feasible to the needs of Augusta Richmond County
 - Deny the request


Finance Director 11/21/2024
Date

- 2.) I have reviewed the Grant application and enclosed materials and:
 - Approve the Department Agency to move forward with the application
 - Deny the request


Administrator 11/21/2024
Date

This form will also be used to provide the external auditors with information on all grants for compliance and certification requirements as required by the State and Federal Government.

CJCC Budget Detail Worksheet

Agency Name:	PAC
Subgrant Number:	
Project Name:	AUGUSTA DA VWAP
Select grant type:	VOCA

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) and to determine whether costs are allowable, reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 in your award packet and for each subsequent SAR that requires a budget change. All required information must be present in the budget narrative, regardless of format.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking. If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

Title	First and Last name	Salary Rate	% Time to Project	Select Pay Period Frequency	Cost	Match?
ADVOCATE	DARSHA WEST	\$39,140.00	100%	Biweekly	\$39,140.00	
					\$0.00	
ADVOCATE	VACANT	\$34,189.26	50%	Biweekly	\$17,096.00	
					\$0.00	
					\$0.00	
					\$0.00	

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost	Match?
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
PERSONNEL TOTAL						\$56,236	

A (2). Volunteers -- If applicable, simply enter the number of hours of service volunteers will perform. Volunteers must be valued at \$15/hour unless approved by CJCC staff for a higher rate. Do not change the drop-down selection box from "In-kind" or your match will not calculate correctly.

Volunteers	Hours	Rate	Total value	Match
			\$ -	In-Kind
VOLUNTEERS TOTAL			\$0.00	

A (3). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost	Match?
ADVOCATE	DARSHA WEST	\$39,140.00	FICA	7.65%	100%	\$2,994.21	
ADVOCATE	DARSHA WEST	\$39,140.00	Retirement	7.60%	100%	\$2,974.64	
ADVOCATE	DARSHA WEST	\$39,140.00	Insurance	15.00%	100%	\$5,871.00	
						\$0.00	
						\$0.00	
ADVOCATE	VACANT	\$34,189.26	FICA	7.65%	66%	\$1,726.22	
ADVOCATE	VACANT	\$34,189.26	Retirement	7.60%	66%	\$1,714.93	
ADVOCATE	VACANT	\$34,189.26	Insurance	15.00%	66%	\$3,384.74	
						\$0.00	
FRINGE TOTAL						\$18,665.74	

PERSONNEL GRAND TOTAL \$74,902

B. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). **If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs.** Please note that the maximum reimbursement rate is \$0.565 per mile, but if your agency's reimbursement rate is lower you

Trainings and Conferences <small>**All trainings and conferences must be pre-approved by submitting an agenda to your Specialist or Auditor.</small>							
Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00

Item 1.

								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00

Mileage						
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
TRAVEL TOTAL					\$0.00	

C. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost	Match?
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
EQUIPMENT TOTAL				\$0.00	

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
SUPPLY TOTAL				\$0.00	

E. Printing-- List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, where an item is business cards, enter \$15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank if it is not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
PRINTING TOTAL				\$0.00	

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
F. (1) Subtotal					\$0.00	

F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the

estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
F. (2)Subtotal					\$0.00	

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
F. (2)Subtotal					\$0.00	

F. (4) Indirect Cost: If your agency has a negotiated rate, a copy of the Indirect Cost Rate Agreement must be submitted with your contract budget. Applicants may elect to use an amount up to the ten percent (10%) de Minimis rate of their Modified Total Direct Costs (MTDC) base. MTDC includes the cost of salaries, wages and fringe benefits of personnel that work directly on the project, and other operational costs such as supplies, printing, and travel that are directly related to the project. To use the de Minimus indirect cost rate complete the MTDC Calculator in the next tab. When you have completed this calculator, the total indirect cost will transfer to the space below.

Indirect Cost	\$0
F. OTHER TOTAL	\$0

G. Match Waiver: If your agency would like to request a match waiver, you should submit a letter, on your agency's letterhead, to the Georgia Criminal Justice Coordinating Council (CJCC). The letter should outline the reasons why your agency will have trouble meeting the full match requirement and should indicate the amount of match you are able to provide for

G. Match Waiver Amount:	18,725.50
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Budget Summary--When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category	Amount		
A. Personnel and Fringe	\$74,902		
B. Travel	\$0		
C. Equipment	\$0		
D. Supplies	\$0		
E. Printing	\$0		
F. Other	\$0		
TOTAL PROJECT COSTS	\$74,902		
Award	\$74,902		
Match Amount	\$0		
Match Breakdown	Cash	\$0	100%
	In-Kind	\$0	0%

Budget Narrative

Quinntaura Graham's last day working was September 1, 2023. The vacant posititon will be filled as soon as possible. Our office has already began the process to fill the position by participating in job fairs and listing listing the job.
 Pay period ending 3/28/24 Advocate Darsha (Shay) West received a raise. She went from \$38,000.00 to \$39140.00. The county gave all county employees a 3% raise.

NOTE: If a Non-Grant expense amount is entered, make sure those items for which they will be used must be incorporated into your overall budget. Indicate clearly throughout you budget narrative and detail worksheet for which items these funds will be used.

De Minimis Indirect Cost Instructions

WARNING:

Using the 10% de Minimis rate requires a clear understanding of how to calculate. Information about calculating the 10% rate is included in *2 CFR 200: Uniform Administrative Principles, and Audit Requirements (Uniform Guidance)*. Agencies should consult a professional who is knowledgeable about this federal requirement before deciding on a budget item. Some agencies may find it easier to request a pro-rated amount of indirect costs (e.g., a pro-rated amount of salaries, supplies & operating, etc.) and include this in their grant budget.

As described in Section §200.403 of the Uniform Guidance, Factors affecting allowability are consistently charged as either indirect or direct costs, but may not be double charged both. If chosen, this methodology once elected must be used consistently for all Federal grants an agency chooses to negotiate for a rate.

Any indirect costs charged to the grant should be included as a separate cost in the cost category. If your agency has a negotiated rate, a copy of the Indirect Cost Rate Agreement should be included in your contract budget.

Applicants may use an amount up to the ten percent (10%) de Minimis rate of their Modified Total Direct Cost (MTDC) base. MTDC includes the cost of salaries, wages and fringe benefits of personnel and other operational costs such as supplies, printing, and travel that are directly related to the grant.

The MTDC base cannot include equipment, capital expenditures, rental costs, charge remission, scholarships and fellowships, participant supports, or any Subawards, on a first \$25,000. **Applicants who request indirect costs using the 10% de Minimis rate must provide documentation of the costs included in the rate which will be subject to review.**

Complete the De Minimis Rate Calculation Form to show your de Minimis calculation. If you have **NEVER** had a negotiated federal cost rate and that you will apply the rate to all of your federal grants received from the Criminal Justice Coordinating Council, until the agency negotiates a rate.

Instructions for the Direct Expenditures For Modified Total Direct Costs

- 1 Salaries and Wages:** In order for Salaries and Wages to be allowable for the calculation of Modified Total Direct Costs (MTDC):
- a) Must be integral to the Program.
 - b) Individuals involved can be specifically identified with the project or activity.
 - c) Such costs are explicitly included in the budget.
 - d) The costs are not also recovered as indirect costs.
 - e) The costs must not be used as match.

Reference: 2 CFR 200.413

- 2 Fringe Benefits:** Fringe Benefits related to Salaries and Wages (above) that are reasonable and necessary for the performance of the grant.
- References: 2 CFR 200.431; DOJ 2015 Section 3.9*

3 Travel Costs: Travel costs are the expenses for transportation, lodging, subsistence, and related expenses.
Reference: 2 CFR 200.474

4 Supplies: Costs incurred for materials and supplies necessary to carry out the Federal Program.
Reference: 2 CFR 200.453

5 Contractual (Sub-Contracts): Use for written contracts or agreements with fiduciaries or service organizations such as affiliates, cooperating institutions or delegate agencies. Payments to individuals for stipends, allowances for trainees and consulting fees do not get recorded here. Any match portion is not to be included.

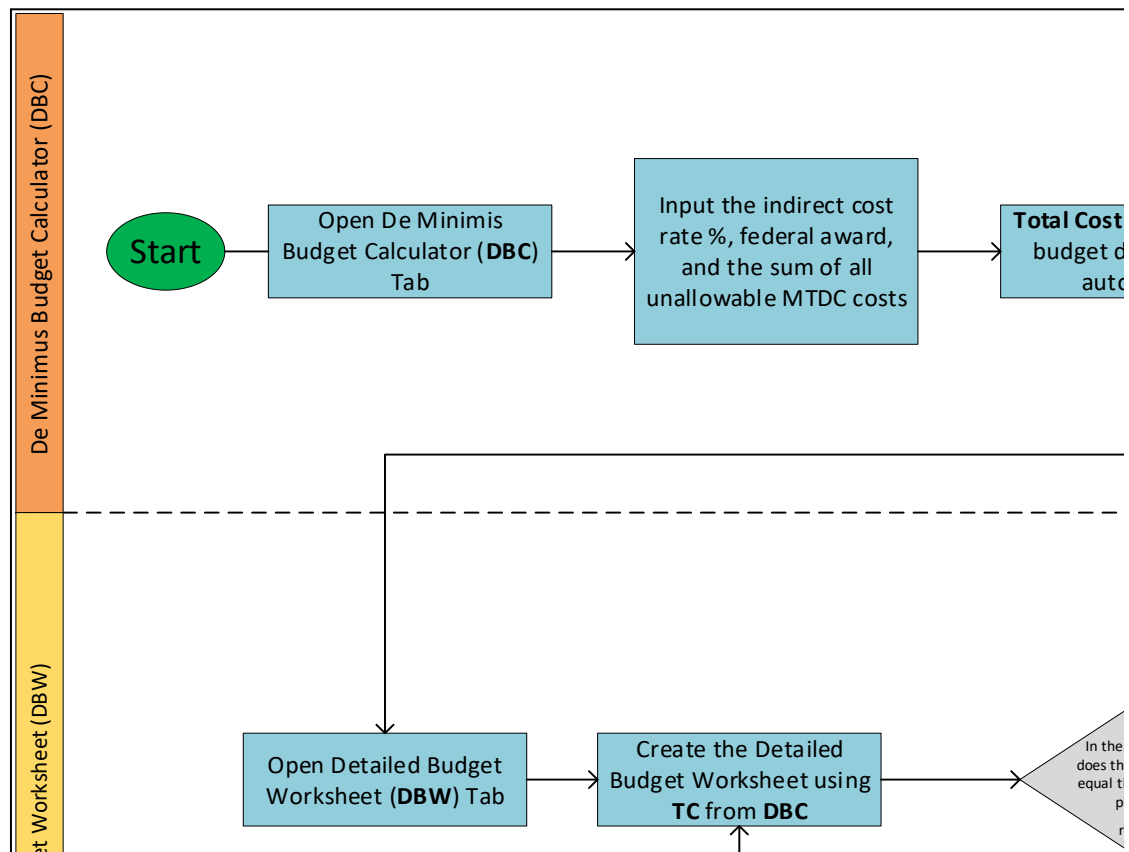
6 Printing: This category includes costs for training materials, brochures, business cards, and other materials that are incurred for the benefit of the program. Any match portion is not to be included.

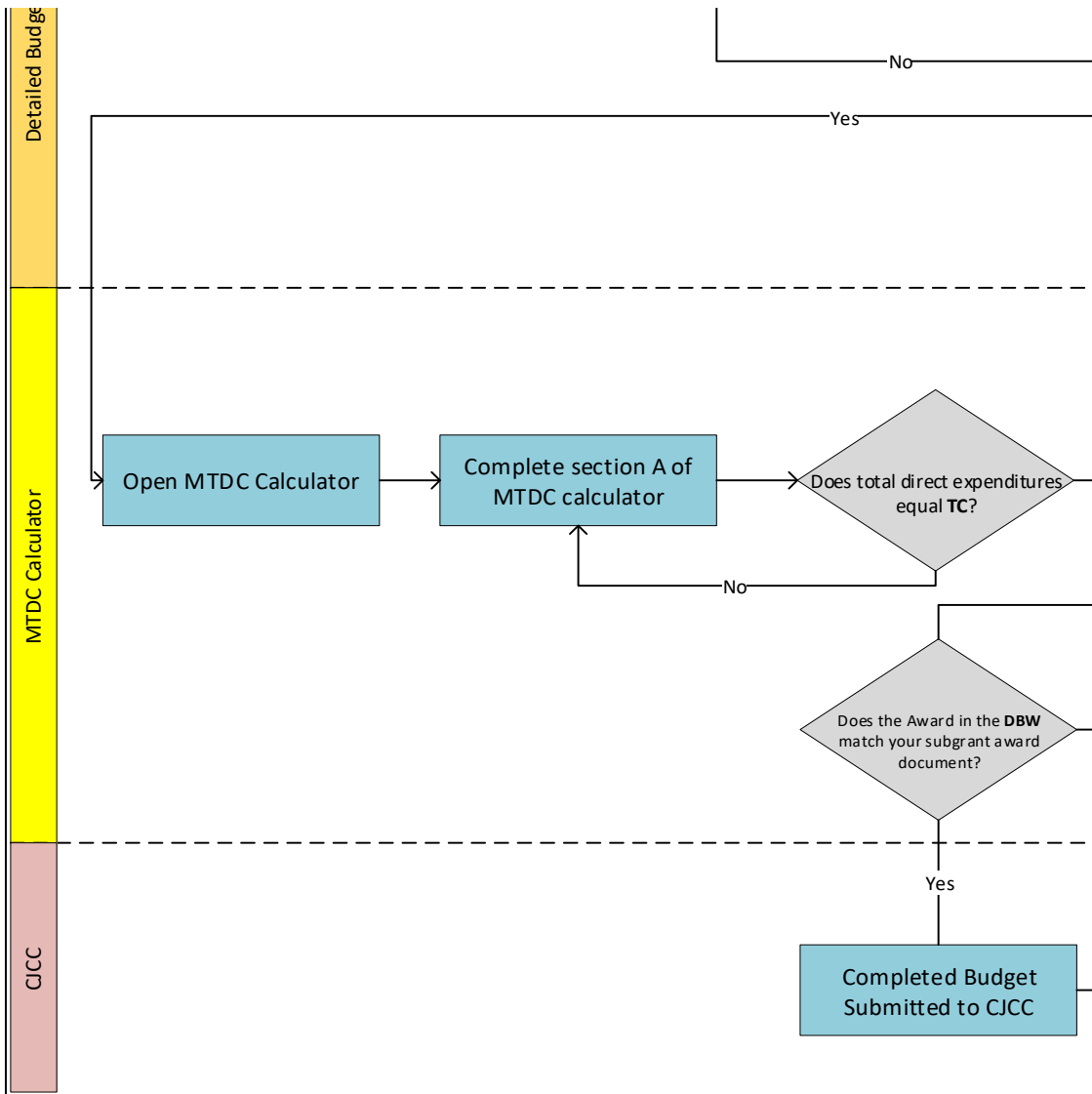
7 Other Expenses: This category includes other allowable costs incurred for the benefit of the program. Any match portion is not to be included.

8 Space/Rental Costs: Costs associated with leased space such as rent, depreciation, utilities, and other expenses.

BUDGET COMPUTATION PROCESS FLOW

Please use the following diagram as a guide to include the de minimis indirect cost rate in your budget worksheet.





ate the rate. **Basic information**
Requirements, Cost
sider consulting a financial
ding whether to request this
f direct expenses (e.g. a pro-
ant request.

ility of costs, costs must be
d or inconsistently charged as
eral awards until such time as the

operating expenses budget
ement must be submitted with

Modified Total Direct Costs (MTDC)
at work directly on the project,
ited to the project.

es for patient care, tuition
tracts, or consultant beyond the
ate must maintain
during monitoring and audits.

n and to certify that you have
ur federal grants, not just the
y chooses to negotiate for a rate.



(MTDC) Calculation:

MTDC the following must

and required by: law, non-

related items incurred by

program are allowable and must

secondary recipient
individuals such as
portion is not to be included.

educational materials that

program. Any match

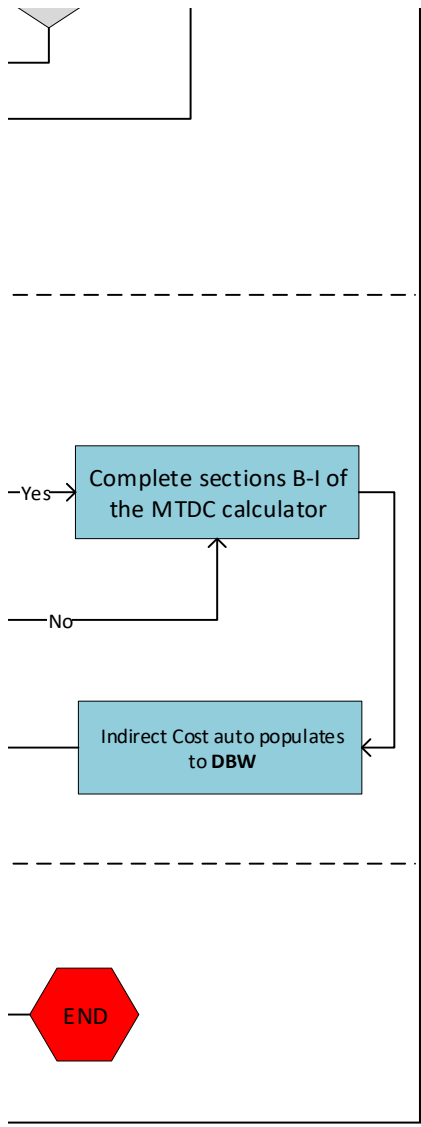
; and maintenance.

our detailed budget

(TC) to enter into
detail worksheet
calculates

Total
does not
include
match

Budget Summary,
Total Project Cost
the TC from the DBC
plus the match
requirement?



De Minimis Budget Calculator	
De Minimis Indirect Cost Rate (Up to 10%)	10%
Federal Award <i>(Not Including Match)</i>	\$ -
Unallowed MTDC Costs *	\$ -
MTDC	\$ -
Total Cost (TC) to Enter into Budget Detail Worksheet (Not Including the Match Requirement)	\$ -

* The MTDC base cannot include equipment, capital expenditures, rental costs, charges for patient remission, scholarships and fellowships, participant support cost, or any Subawards, contracts, or the first \$25,000. **Applicants who request indirect costs using the 10% de Minimis rate must document the costs included in the rate which will be subject to review during monthly audits.**

Equipment: any single item equal to or greater than \$5,000.

Capital Expenditures: means expenditures to acquire capital assets or expenditures to make improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to assets that materially increase their value or useful life.

Rental Costs: Costs associated with leased space such as rent, utilities and maintenance.

Charges for Patient Care: Both inpatient and outpatient University hospital charges but not laboratory charges assessed through Recharge or Service centers even though the laboratory results may be used for patient care. Outpatient travel and volunteer incentive payments are not patient care costs and are subject to review.

Tuition Remission: Tuition charges paid to the UW (including the operating fee portion of tuition for Graduate Assistants).

Scholarships: is generally an amount paid or allowed to a student at an educational institution for the purpose of study.

Fellowships: is generally an amount paid or allowed to an individual for the purpose of study or research.

Participant Support Costs: direct costs for stipends, subsistence allowance, travel allowances paid to or on behalf of a "Participant" in connection with sponsored-funded conferences or training. Participant is someone whose function is to learn something.

Subawards/Contracts (over \$25,000): an award provided by a pass-through entity to a subrecipient.

patient care, tuition
or consultant beyond
ist maintain
onitoring and

ditions,
erations to capital

oratory charges
for patient care.
F&A Costs.

on paid on behalf of

for the purpose of

research.

s, or registration fees
ng projects. A

patient for the

**Criminal Justice Coordinating Coun
INDIRECT COST: 10% DE MINIMIS RATE CAL**

Subgrantee Name:	
Subgrant Number:	
Project Name:	

A DIRECT EXPENDITURES FOR MODIFIED TOTAL DIRECT COSTS (MTDC) CALCULATION

TOTAL	

**NON PERSONAL SERVICES COSTS DISALLOWED FROM 10%
DE MINIMIS RATE INDIRECT BASE EXPENDITURES**

B

Space/Rental Costs

C Calculation of disallowed "Contractual" cost over \$25,000 per subcontract/subaward.

Contractual
List Subcontracts/Subawards Agency Name and Amount:

	NAME
1)	
2)	
3)	
4)	

	5)	
D	Capital Expenditures	
E	Charges For Patient Care	
F	Tuition Remission	
G	Scholarships and Fellowships	
H	Participant Support	
I	TOTAL DISALLOWED EXPENDITURES:	
J		MTDC BASE EXPENDITURES (A-I) (Enter amount for indirect calculation on budget)
K		10% De Minimis Rate - up to 10%: (Enter amount for indirect calculation on budget)
L		INDIRECT COST: (enter amount on budget)
<p>*Complete the shaded sections. The spreadsheet will calculate the Indirect Cost to be entered c **Submit the completed "Indirect Cost: De Minimis Rate Calculation" form with your contract. ***By submission of this form the grant applicant certifies that it has never received a federally- and the grant applicant, if awarded, shall apply this rate to all of its federal grants, until such tir</p>		

cil
 .CULATION

BUDGETED AMOUNT

SALARIES AND WAGES	\$0
FRINGE BENEFITS	\$0
TRAVEL	\$0
EQUIPMENT	\$0
SUPPLIES	\$0
PRINTING	\$0
OTHER EXPENSES	\$0
TOTAL DIRECT EXPENDITURES	\$0

CALCULATED DISALLOWED
 COST FOR INDIRECT
 CALCULATION

	\$0
--	-----

	CALCULATED DISALLOWED COST FOR INDIRECT CALCULATION
TOTAL AMOUNT	\$0
	\$0
	\$0
	\$0

	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0

):	\$0
):	10%
	\$0

on the Budget in the Operating Cost Section.

negotiated, indirect cost rate for any federal awards,
re as the agency chooses to negotiate for a rate.