STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 75-1279537
ORGANIZATION: Concho Valley Council of Governments
2801 W. Loop 306, Suite A
P.O. Box 60050
San Angelo, TX 76906

DATE: 06/25/2019
FILING REF.: The preceding agreement was dated 09/19/2018

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.

## SECTION I: INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
</table>

### EFFECTIVE PERIOD

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>10/01/2018</td>
<td>09/30/2019</td>
<td>16.34 On Site</td>
<td>All Programs</td>
</tr>
<tr>
<td>PRED.</td>
<td>10/01/2019</td>
<td>09/30/2020</td>
<td>16.15 On Site</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>10/01/2020</td>
<td>09/30/2023</td>
<td>16.15 On Site</td>
<td>All Programs</td>
</tr>
</tbody>
</table>

**BASE**

Direct salaries and wages including all fringe benefits.
SECTION II: SPECIAL REMARKS

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.

Equipment means article of nonexpendable, tangible personal property having a useful life of more than 1 year(s) and an acquisition cost of $5,000 or more per unit.

Fringe Benefits -
FICA
Retirement
Worker's Compensation
Unemployment Insurance
Health Insurance
Dental 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, 2019 the rate of compensation for an Executive Level II is $192,300 per year.

Your next proposal based on actual costs for the fiscal year ending 9/30/2019 is due by 03/31/20.

This Rate Agreement is issued in accordance with the Customer Service Agreement (CSA) between DHHS/CAS and CNCS.
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:

Concho Valley Council of Governments

[INSTITUTION]

John Austin Stokes

[SIGNATURE]

(NAME)

Executive Director

(TITLE)

6/28/19

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[AGENCY]

Darryl W. Mayes

[SIGNATURE]

(NAME)

Director, Cost Allocation Services

(TITLE)

6/25/2019

(DATE)

2528

HHS REPRESENTATIVE:

Wanda Rayfield

TelephoneNumber:

(214) 767-3261