## Local Health Department (LHD) Indirect Cost Rate (ICR) Submission

## LHD: County/City of

*Instructions:* Submit the following completed documents electronically to the California Department of Public Health (CDPH) Financial Management Branch at: CDPH-ICR-mailbox@cdph.ca.gov:

- 1. LHD ICR Submission (signature required)
- 2. Auditor Certification (signature required)
- 3. ICR Checklist and Assessment (spreadsheet; name and completion date required)
- 4. ICR Schedule (spreadsheet)
- 5. ICR Schedule Cross Walk (spreadsheet)

## NOTE:

- The above information must be received by CDPH by November 14, 2014 and the reported ICR will be applied to contracts executed or amended in State Fiscal Year (FY) 2015-16
- If the above required documents are not received by CDPH by the due date, CDPH will cap the LHD ICR at 15% of Total Personnel Costs (Salaries, Wages and Fringe Benefits) for FY 2015-16. Additionally, if the documents are not submitted by the annual due date in 2015 (and subsequent years), the LHD ICR will be capped 10% of Total Personnel Costs in FY 2016-17 (and subsequent years).
- 1. Submitted for use in FY: 20 /

Based on the most recent independently audited financials for FY: 20 /

2. LHD Contact for ICR:

First & Last Name: Title/Position:

LHD	Contact	Email:	

LHD's	Contact	Phone:	

**3.** Identify the ICR methodology that the LHD will use for CDPH contracts, unless otherwise designated/ restricted by federal grant requirements. Select ONE method (EITHER A or B) from above (percentage MUST match ICR Worksheet):

A. Total Personnel Costs (Salaries, Wages & Fringe Benefits):	<u>%</u>
<u>** OR **</u>	
<b>B.</b> Total Allowable Direct Costs:	%

By filing this certification I have noticed that this information will be used by CDPH programs to verify the LHD's ICR. This rate will be used to approve the maximum ICR allowed by CDPH policy as indicated below, unless otherwise designated by State or Federal funding restrictions and/or requirements. I further certify that the costs used to calculate the ICR are based on the most recently available independently audited actual financials.

- 25% cap for ICR calculated based on Total Personnel (Salaries, Wages and Fringe Benefits)
- 15% cap for ICR calculated based on Total Allowable Direct Costs

Agency / Department Official:	Title / Position:
Signature:	Date: