

[X] INITIAL SUBMISSION

FOR MODIFICATION _____

REIMBURSABLE AGREEMENT DATA FORM 3-2058

PROJECT TITLE: Fish Health Services
CUSTOMER NAME: Ohio Department of Natural Resources
TIN: 31-334820

AGREEMENT NO. -USFWS: 1448-30141-8-J091

*NOTE that LFHC's organization code was changed to 32141 in FY 2001. _____

CUSTOMER REFERENCE NO.: PO# - none **RESPONSIBLE**
ARD COST (DIFFERENT THAN DEFAULT)
STRUCTURE : _____

THIS 3-2058 IS FOR: **FY-** 2002, **PERFORMING ORG. CODE:** 32141
SUBACTIVITY: 1937, **PROJECT:** 0072

START OF WORK DATE: 10/1/98 **PLANNED COMPLETION DATE:** 9/30/03

TOTAL AMOUNT AUTHORIZED IN THIS AGREEMENT: \$ 39,875 **LESS**
AMOUNT AUTHORIZED FOR CURRENT FY (2002): \$ 7,820 **BURDEN** \$ **TARGET**
AMOUNT

USFWS PROJECT MANAGER: Richard C. Nelson, Project Ldr **BILLING CONTACT:** Dave Insley, Project
Leader
ADDRESS: LaCrosse Fish Health Center, 555 Lester Ave-Suite 100 Castalia State Fish Hatchery
CITY / STATE / ZIP Onalaska, WI 54650 Castalia, OH 44824
PHONE (608) 783-8444 419/684-7499 FAX 419/684-7513

BILLING INFORMATION FOR FINANCE CENTER

APPLICABLE **ADMINISTRATIVE SUPPORT RATE** IS _____%. IF APPLICABLE, APPROVED EXCEPTION TO POLICY IS ATTACHED. OTHERWISE, THE STANDARD OVERHEAD RATE IS _____%¹.

RATE DESCRIPTION: _____ / _____

THE AGREEMENT IS **MODIFIED EFFECTIVE** _____ **BY MODIFICATION NO.** _____

TO: INCREASE ___ **DECREASE** ___ **THE AMOUNT BY \$** _____

CHANGE THE: ___ **START OF WORK DATE (OR) THE** ___ **PLANNED COMPLETION DATE TO** _____

SIGNATURE OF USFWS OFFICIAL _____
TITLE _____
DATE _____

CONCUR: _____
REGIONAL FINANCE OFFICER

Revised 10/00

Changes to:
U.S. Fish and Wildlife Form 3-2058: Reimbursable Data Form

1. The addition of the TIN (Taxpayer Identification Number) field. This number may be held by a corporation or simply be an _____

¹ In accordance with Part 264, Chapters 1 & 2 of the U.S. Fish & Wildlife Service Manual- the standard overhead rate is calculated through a biennial review process conducted by the Divisions of Budget and Finance. Contact your Regional Budget & Finance office for the current rate.

individual's Social Security Number. Federal agencies will not have a TIN number.

2. The addition of the RESPONSIBLE ARD COST STR. field. A portion of recovered indirect costs are distributed to the appropriate regional programmatic office. If other than the default cost structure, please provide the following information.

RESPONSIBLE
ARD COST
STRUCTURE (Region)-(Organization Code)(Job Number)
(Region)-(Organization Code)(Job Number)

Example:

RESPONSIBLE
ARD COST
STRUCTURE 1-10140112210AI

3. A field was added for the TARGET AMOUNT. This amount represents the total amount available for spending with a project. The TARGET AMOUNT equals the MAXIMUM PROJECT AMOUNT less the burden assessed from the appropriate administrative support cost rate.

4. Billing contact name, address and phone number fields were added to ease the billing process.

5. The overhead rate portion of the form has changed significantly. If the ADMINISTRATIVE SUPPORT RATE will be loaded as the project's burden rate. Exceptions to policy for a lower rate must be approved prior to submission.

NOTE: It takes 60 days to make adjustments within the PCAS system when burden rates are changed. Corrections to burden rates that effect year-end closings should be submitted to the Finance Center by July 31st.

6. A field was added to assist in tracking Servicewide usage of indirect cost rates. If a rate other than the Standard Rate is used this field must be completed. Please use the following format for this field:

RATE DESCRIPTION (Rate ID) / (Description)

Example:

RATE DESCRIPTION d-2 / Pass-through

The following rates, if appropriate, may be used in this field:

- s - Standard Rate (Full Rate)
- d-1 - Standard Rate for Service-owned Facilities
- d-2 - Pass-through
- d-3 - Pass-through initiated by DOI Office of the Secretary
- d-4 - International Agreements
- d-5 - Fish & Wildlife Coordination Act (FWCA)
- d-6 - NRDAR
- d-7 - EPA Superfund
- z - Zero percent (IPAs; USGS/BRD; emergency construction)
- e - Exception to policy

Agreement#

DCN#
Charge code 30141
Amount:\$