Montana Demission of Correctional Facilities

SCHEDULE A

Instructions: This should be completed and submitted to the Montana Department of Corrections by the governing body for the acquisition of detention services for state inmates. The cost information contained in this form will be reviewed by a representative from the MDOC Administrative and Financial Services Division. Upon request, additional supporting data in addition to that included as part of this cost sheet may be requested. The individual designated in Section V will be contacted by an MDOC representative to negotiate a per diem rate and its effective date. Upon completion of negotiations, a contract will be issued by the MDOC Administrative and Financial Services Division and forwarded to the governing body for review

		Section I	- Gen	eral Information	1		
Facility Name	Dawson County Correct	ions	Facility	Physical Address	440 Colorado Blvd		
Phone Number	406-377-7600	10110	1 donity	1 Tryologi / tagless	Glendive, MT		
Fax Number	406-377-1374				59330		
Facility Administrator	Tom Green						
		Section II -	Financ	ial Data Summ	ary		
TOTAL OPERATIN	IG COST FOR REGI	ONAL CORRI	ECTIO	NAL FACILITY:			
A. Time Frame (Fiscal		07/01/2016 M/DD/YYYY)	TO:	06/30/2017 (MM/DD/YYYY)	<u>,</u>		
	,	,		,			ANNUAL COST (Auto-calculated from figures on following pages)
B. Total Personnel S	alaries (Schedule B - P	art I)				\$_	2,622,419
C. Total Personnel B	Benefits (Schedule B - P	art II)				\$_	333,990
D. Total Consultants	and Contract Service (Schedule C)				\$_	500,402
E. Total Other Direct	Operating Costs (Sche	edule D)				\$_	400,917
•	osal (Schedule E)*					\$_	308,618
			•	·		\$_	15,494
H. Total Building Dep	oreciation Costs (Sched	lule G)				\$_	34,088
I. Total Actual Costs	(Sum of Schedule B-G)				\$_	4,215,927
TOTAL ACTUAL CO	STS FOR PRIOR FISC	AL YEAR				\$_	4,123,714
		A	ctual		ate Inmate Days: Days Per Diem:		51,883 \$81.26

	Jii iii - iiiiiiate	Population Info	ormation				
Time Frame of Inmate Information	FROM:	07/01/2016	TO:	06/30/2017	7		
(Must correspond with time frame on previous page)		(MM/DD/YYYY)	_	(MM/DD/YYY		_	
		,		•	,		
Inmate Capacity of Regional Correction	I		1	ī	7		
Type of Inmate	Male	Female	Juvenile	TOTAL	_		
Federal	0	0	0	0			
Local	0	0	0	0			
State	0	0	0	0			
TOTAL	0	0	0	0			
Actual Inmate Days:							
Type of Inmate	Male	Female	Juvenile	TOTAL	7		
Federal	0	0	0	0	1		
Local	0	0	0	0	†		
State	51,883	0	0	51,883	†		
TOTAL	51,883	0	0	51,883	+		
1011.	01,000	<u> </u>	<u> </u>	01,000			
Average Daily Population:	 		T	T	7		
Type of Inmate	Male	Female	Juvenile	TOTAL	4		
Federal	0	0	0	0	4		
Local	0	0	0	0	4		
State	0	0	0	0	4		
			_	_	1		
TOTAL	Section	IV - Per Diem	0	0			
			<u> </u>	J 0			
	Section			0			
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable):	\$ 0.00			0			
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec	\$ 0.00 \$ 0.00 \$ 0.00	IV - Per Diem	ontact		-		
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable):	\$ 0.00 \$ 0.00 \$ 0.00	IV - Per Diem	ontact		ns.		
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec	\$ 0.00 \$ 0.00 ction V - Loca	IV - Per Diem	ontact		ns.		
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec Please provide the name of the individual authorized	\$ 0.00 \$ 0.00 ction V - Loca	IV - Per Diem Il Government C act for the Local Government Department/Office	ontact ent in per diem da		ns.		
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec Please provide the name of the individual authorized Name Tom Green Title Warden	\$ 0.00 \$ 0.00 ction V - Loca	IV - Per Diem Il Government C act for the Local Government Department/Office	ontact ent in per diem da Corrections blorado Blvd		ns.	Zip	5933(
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec Please provide the name of the individual authorized Name Tom Green Title Warden	\$ 0.00 \$ 0.00 Stion V - Loca to represent and to a	IV - Per Diem Il Government C act for the Local Government C Department/Office Street 440 Cc	ontact ent in per diem da Corrections blorado Blvd	ay rate negotiation		Zip	59330
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec Please provide the name of the individual authorized Name Tom Green Title Warden Phone (406) 345-1213 Fax (406)	\$ 0.00 \$ 0.00 \$ tion V - Loca to represent and to a	IV - Per Diem Il Government C act for the Local Government C Department/Office Street 440 Cc	ontact The per diem date of t	ay rate negotiation		_Zip	5933
Proposed State Inmate Per Diem Rate: Federal Inmate Per Diem Rate (if applicable): Sec Please provide the name of the individual authorized Name Tom Green Title Warden Phone (406) 345-1213 Fax (406	\$ 0.00 \$ 0.00 \$ 0.00 \$ 10	IV - Per Diem Il Government C act for the Local Government C act for the Local Government C act for the Local Government C city Glending artification States artification States are by OMB Circular No. A artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and audit by the artification and a discussed are view and a discussed and a discu	ontact ent in per diem da Corrections blorado Blvd ve ment rough G is accurated and accurated accurated and accurated accurated and accurated accurated and accurated and accurated accurated and accurated accurated and accurated and accurated accurated and accurated accurated accurated and accurated	ay rate negotiation State te, complete and es for State, Local 243 (Cost Sheet for	MT I and	_Zip	5933

Montana Department of Corrections Administrative Financial Services Division

FY 2016

52062

(Use continuation sheet if needed)

SCHEDULE B, PART I PERSONNEL SALARIES

Direct Personnel Salaries Supporting Regional Correctional Facility Operations

Instructions: List only those positions that are employed by the regional correctional facility.

Type of Position * Must match post assignments total in the contract staffing pattern requirements	(A) Number of Positions	(B) 2016 Annual Salary Cost \$	2017 actual Salary Cost \$	(C) % Time Allocated to State Inmates	(D) Total Personnel Salaries (B) x (C)=(D)
Department 135 - Administration	4	\$326,303	\$344,180	100.00%	\$344,180
Department 130 - Non-Union	10	\$399,578	\$457,010	100.00%	\$457,010
Department 130 - Union	37	\$1,785,307	\$1,821,228	100.00%	\$1,821,228
		\$2,511,188	\$2,622,419	0.00%	\$0
		\$0		0.00%	\$0
Adjustment to +/- personnel in upcoming ye					\$0
Adjustment to +/- allocation in upcoming ye	ar - must be presented w	ith full justification and mutually agre	ed upon		\$0

Total Personnel Salaries

\$2,622,419

Account 110
Account 111
Account 110 / 120

Difference

111,230.71

SCHEDULE B, PART II TOTAL PERSONNEL BENEFITS

Direct Personnel Benefits Supporting Regional Correctional Facility Operations

Instructions: Provide name of retirement plans (i.e. P.E.R.S. public employees retirement system), insurance plans (i.e., Blue Cross/Blue Shield), or unemployment insurance contribution plans for positions listed in Schedule B - Part I. The Personnel Salaries used to calculate each category below should match the Total Personnel Salaries from Schedule B, Part I. The only exception would be if insurance is accounted for as a total cost per person instead of a percentage of total personnel salaries.

insurance is accounted for as a total co	(A)	(B)	(C)	(D)
	Number of Employees Participating	Total Personnel Salaries \$2,622,419	Employer Contribution	Total Personnel Benefits (B) x (C)=(D)
1. RETIREMENT PROGRAM(S)				
a. PERS	19	\$0	6.80%	\$0
b. GWPORS	33	\$0	9.53%	\$0
c. TRS		\$0	8.47%	\$0
c. OTHER		\$0	0.00%	\$0
	Total Personnel Salaries	\$0		
2. INSURANCE PROGRAM(S) - thi	is can be accounted for as a total cost per	person or as a percentage of t	total personnel salaries.	
a. Health\Life	52	\$0	100.00%	\$0
b.			0.00%	\$0
	Total Personnel Salaries	\$0		
3. WORKER'S COMPENSATION	PLAN (I.e. unemployment, wor	ker's compensation,	FICA)	
a. Worker's Compensation	52	\$0	4.53%	\$0
		\$0		
4. FICA				
a. FICA	52	\$0	7.65%	\$0
	Total Personnel Salaries	\$0		
5. UNEMPLOYMENT INSURA	NCE PROGRAM			
a. Unemployment	52	\$0	0.35%	\$0
	Total Personnel Salaries	\$0		
6. OTHER EMPLOYER CONT	RIBUTION PLAN			
a.		\$0	0.00%	\$0
	Total Personnel Salaries	\$0		
7. OTHER EMPLOYER CONT	RIBUTION PLAN		,	
a.		\$0	0.00%	\$0
	Total Personnel Salaries	\$0		
	TOTAL PERS	SONNEL BENEFITS	2016 \$356,047	2017 \$333,990
TOTAL PERSONNEL	BENEFITS AS A PERCENTA	GE OF TOTAL PER	SONNEL SALARIES	12.74%

Difference -\$22,058

Accounts

5712.000.130.420230.130 5712.000.135.420210.130 5712.000.130.420230.192 5712.000.130.420230.193 5712.000.135.420210.193 299,086.37 34,903.13

SCHEDULE C TOTAL CONSULTANTS AND CONTRACT SERVICES

Instructions: List only those services directly involved in regional correctional facility operations and benefiting state immates. Provide a detailed *description of service* to include position titles, # of hours and services provided.

Part	Type of Service	# of Employees	Description of Service	(A) Annual Cost 2016	Annual Cost 2017	Allocation Method Direct Cost Center/ Bed Ratio/	(B) % Allocated to State Inmates	(C) Allocated Cost (A) x (B) = (C)			
Marcal Heath						Square Foot/					
Mach Flores Marcian Sect 7-50 Oresis Cont 150,000 150 Section 150 - Marcian Person Sect 7-50 Mach Flores Marcian Sect 7-50			Fit for Duty Physical				100.00%	\$0	Account 350 - Plains Synergy Healthcare -\$8	5.00	
Marcial Notation Marcial Notation Security Secu			Med Pass Nurses		\$43	Direct Cost	100.00%	\$43	Account 350 - Joy Burman -\$20	0.00	
Medical Si 1397.50 South			Med Pass Nurses	\$547.50		Direct Cost	100.00%	\$0	Account 350 - McKenzie Petty -\$54	7.50	
Medical			Med Pass Nurses	\$924.38	\$10,179	Direct Cost	100.00%	\$10,179	Account 350 - Tammy Hart \$9,25-	4.38	
Medical Processor 1900 1			Ambulance Care	\$1,367.59		Direct Cost	100.00%	\$0	Account 392 - City of Glendive -\$1,36	7.59	
1 Medical Director PA S20,051 00 \$20,007 \$20,0			Training	\$0.00	\$95	Direct Cost	100.00%	\$95	Account 350 - Mary Jo Gehnert \$9	5.20	
Posterior Post			Training	\$224.40		Direct Cost	100.00%	\$0	Account 350 - Billings Clinic -\$22	4.40	
Mode Pass Numbers \$3,555.00 \$400 \$60	1 Medical	4	Medical Director / PA	\$30,651.00	\$26,078	Direct Cost	100.00%	\$26,078	Account 350 - Glendive Medical Center -\$4,573	3.00	
Dentality		4	Med Pass Nurses	\$8,506.89	\$468	Bed Ratio	100.00%			9.39	-\$5,687.3
Dereital 2			Dentistry	\$0.00		Direct Cost	100.00%	\$0	Account 392 - Sand Creek \$	0.00	
2			Dentistry	\$0.00		Direct Cost	100.00%	\$0			
Description	2 Dental				\$22,920.00						
Mercial Health	-	2									-\$51,557.0
Mental Health					4.0,000				1		φο 1,007.0
Merital Health \$0.00								•			
Parenting											
Mortral Health 1											
D. Treatment											
EMMH \$30,136.19 \$32,260 Direct Cost 100,00% \$32,260 Account 350 - Eastern Montains Mental Health \$2,262.64									1		
Equino Training \$7,250.00 \$4.000 Direct Cost 100.00% \$4.000 Account 350 - Dernis Larka \$3,250.00	3 Mental Health	1						1 /			
Equire Training			EMMH			Direct Cost		402,000	Account 350 - Eastern Montana Mental Health \$2,86.	2.94	\$2,517.94
Equine Training \$1,360.00 Direct Cost 100.00% \$50 Accourt 350 - Equine Assign \$1,360.00			Equine Training	\$7,250.00	\$4,000	Direct Cost	100.00%	\$4,000	Account 350 - Dennis Latka -\$3,25	J.00	
Equire Training \$300.00 Direct Cost 100.00% \$30 Account 350 - Equire Assisted Growth \$300.00 Helet Testing \$25,625.78 \$375 Direct Cost 100.00% \$320 Account 350 - Equire Assisted Growth \$42,526.78 Helet Testing \$25,625.78 \$375 Direct Cost 100.00% \$375 Account 350 - Equire Assisted Growth \$2,256.78 Taacher \$7,370.00 \$7,168 Direct Cost 100.00% \$37,68 Account 350 - Carol Markow \$200.00 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$200.00 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$200.00 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$200.00 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$200.00 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$200.00 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$580 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$581.90 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$581.90 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$581.90 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$581.90 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$581.90 Account 350 - Carol Markow \$581.90 Direct Cost 100.00% \$581.90 Account			Equine Training	\$0.00	\$1,100	Direct Cost	100.00%	\$1,100	Account 350 - Grant Desaye \$1,10	J.00	
Hiset Testing			Equine Training	\$1,360.00		Direct Cost	100.00%	\$0	Account 350 - Big Sky Shires & Equine -\$1,36	0.00	
Hisel Testing \$2,825,78 \$375 Direct Cost 100,00% \$375 Account 350 - Kara Barthel \$2,250,78			Equine Training	\$300.00		Direct Cost	100.00%	\$0	Account 350 - Equine Assisted Growth -\$30	0.00	
Teacher \$7,370.00 \$7,165 Direct Cost 100.00% \$7,165 Account 350 - Carol Marlow \$205.00			Hiset Testing	\$970.00	\$200	Direct Cost	100.00%	\$200	Account 350 - Educational Testing Services -\$770	0.00	
SED and Testing \$0.00 Direct Cost 100.00% \$30 Account 350 - Dawson Community College \$0.00			Hiset Testing	\$2,625.78	\$375	Direct Cost	100.00%	\$375	Account 350 - Kara Barthel -\$2,25	0.78	
SED and Testing \$0.00 Direct Cost 100.00% \$90 Account 350 - Dewson Community College \$0.00	4 Educational		Teacher	\$7,370.00	\$7,165	Direct Cost	100.00%	\$7,165	Account 350 - Carol Marlow -\$20	5.00	
Snow Removal \$425.00 \$1,700 Direct Cost 100.00% \$1,700 Account 350 - Ron Doll \$1,275.00 \$1,275.00 \$1,000 \$1,275.00 \$1,000			GED and Testing	\$0.00		Direct Cost	100.00%	\$0		0.00	-\$7,035.78
Scow Removal \$425.00 \$1,700 Direct Cost 100.00% \$1,700 Account 350 - Ron Doll \$1,275.00 \$5,00			Photo Copier Servicing	\$0.00	\$58	Direct Cost	100.00%	\$58	Account 350 - Boss Office & Computer \$5	8.19	
Kitchen Ice Machine											
5 Building Maintenance Mechanical Technology inc \$0.00 Direct Cost 100.00% \$0 Account 350 \$0.00 6 Video Conferencing ————————————————————————————————————											
Conferencing Conference Services \$0.00 Bed Ratio 100.00% \$0 \$0 \$0 \$0 \$0 \$0 \$0	5 Building Maintenance										\$1,333.19
Conference Services \$0.00 Bed Ratio 100.00% \$0 Account 350 - State of Montana \$0.00 \$0	· •		, , , , , , , , , , , , , , , , , , ,						1		. ,
Food Service CBM Food Service S321,982.78 S357,184 Bed Ratio 100,00% S357,184 Account 223 S35,00.79	Video Conferencias			00.00		Dad Datia					
Food Service CBM Food Service \$321,982.78 \$357,184 Bed Ratio 100.00% \$357,184 Account 223 \$35,200.79	6 Video Conferencing		Conference Services	\$0.00		bed Railo	100.00%				
CBM Food Service CBM Food Service \$321,982.78 \$357,184 Bed Ratio 100,00% \$357,184 Account 223 \$35,200.79									i e e e e e e e e e e e e e e e e e e e		\$0.00
Lawyer				*					·		
Lawyer Union Negotiations \$11.976.49 \$6,710 Direct Cost 100.00% \$6,710 Account 350 - Felt, Martin, Frazier & W \$5,266.16 8 Lawyer Ins Deductible / Lawsuit \$2,125.00 Direct Cost 100.00% \$0 Account 350 - Felt, Martin, Frazier & W \$5,266.16 \$1,000 \$0 Account 350 - Felt, Martin, Frazier & W \$5,266.16 \$1,0000 \$1,0000 \$1,000 \$1,0000 \$1,000 \$1,000 \$1,000 \$1,0000 \$1,0000 \$1,0000 \$1,0	7 Food Service		CBM Food Service	\$321,982.78	\$357,184	Bed Ratio	100.00%	\$357,184			
8 Lawyer Ins Deductible / Lawsuit \$2,125.00 Direct Cost 100,00% \$0 Account 350 - Employers Mutual Casualty \$2,125.00 Notary Bond \$0.00 Direct Cost 100,00% \$0 Account 350 - Troy Keiser \$0.00 \$0								\$0			\$35,200.79
Notary Bond \$0.00 Direct Cost 100.00% \$0 Account 350 - Troy Keiser \$0.00	•				\$6,710						
Computer Services \$300.25 100.00% \$0 \$0 \$0 \$0 \$0 \$0 \$0			Ins Deductible / Lawsuit								67 204 44
9 Computer Consulting	Notary Bond			\$0.00		Direct Cost	100.00%				-\$7,391.16
Solution	9 Computer Consulting		Computer Services	\$300.25			100.00%				
Pest Control Pest Control \$1,150.76 \$1,081 100.00% \$1,081 Account 350 - Ecolab \$70.10 \$0.00	y compater companing		Computer Cervices	4000.20			100.0070				-\$300.25
Pest Control Pest Control \$1,150.76 \$1,081 100.00% \$1.081 Account 350 - Ecolab \$70.10 \$0 \$0.00 \$0 \$0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1.00 <											******
Professional Licensing	0 Pest Control		Pest Control	\$1,150.76	\$1,081		100.00%				
1 Professional Licensing Licensure \$617.65 \$468 100.00% \$468 Account 350 - Business Card \$150.15 \$0.00					,						-\$70.10
\$0.00 \$0.00								\$0	\$	0.00	
\$0.00 \$0.00	1 Professional Licensing		Licensure	\$617.65	\$468		100.00%				
2 Fire Supression Inspection Fre Supression System \$2,707.25 \$643 100.00% \$433 Account 350 - RCS Extinguisher Services \$2,064.65								\$0	\$	J.00	-\$150.15
\$0 \$0.00	2 Fire Supression Inspection		Fire Supression System	\$2,707.25	\$643		100.00%	\$643			
		1	l			<u> </u>	l	\$0	4		-\$2,064.65
\$35,204.47 • \$35,204.47 • \$500,402 • \$500,402	T-1-10			#F0F 05 - · ·	Aco			A50	-\$35,20	1.47	-\$35,204.47

Difference

-35,204

SCHEDULE D - TOTAL OTHER DIRECT OPERATING COSTS

Instructions: List only those costs associated with the operation of the regional correctional facility that directly benefit state inmates. Costs associated with local court and law enforcement activities are not allowable costs for the purpose of determining facility operating costs. You must show the allocation method used. All costs must be tied to the approved chart of accounts.

costs. You must show the allocation method used. All co	(A) Annual Cost	Actual Cost	(B) Allocation method	(C) Percentage	(D) Allocated Cost
	2016	2017	Direct Cost Center/ Bed Ratio/ Square Foot/Cubic Foot		$(A) \times (C) = (D)$
Inmate compensation	\$18,576	\$18,762	Direct Cost Center	100.00%	\$18,762
Food & Kitchen Supplies	\$0		Bed Ratio	100.00%	\$0
Board of Prisoners	\$16,723	\$20,039	Direct Cost	100.00%	\$20,039
Prescriptions	\$23,324	\$23,608	Direct Cost Center	100.00%	\$23,608
Medical Care Supplies	\$3,724	\$2,679	Bed Ratio	100.00%	\$2,679
Bedding & Linens	\$0		Bed Ratio	100.00%	\$0
Toiletries	\$0		Bed Ratio	100.00%	\$0
Employee Uniforms (regional correctional facility staff only)	\$6,671	\$14,162	Bed Ratio	100.00%	\$14,162
Safety & Sanitation Supplies & Services	\$48,438	\$35,480	Bed Ratio	100.00%	\$35,480
Maintenance Supplies	\$29,854	\$36,013	Bed Ratio	100.00%	\$36,013
Office Supplies	\$16,235	\$18,949	Bed Ratio	100.00%	\$18,949
Minor tools & Equipment under \$5,000 (Please use Schedule F for equipment over \$5,000.)	\$7,349	\$17,416	Bed Ratio	100.00%	\$17,416
Recreation & Education Supplies	\$0		Bed Ratio	100.00%	\$0
Postage	\$4,816	\$2,125	Bed Ratio	100.00%	\$2,125
Telephone & Communications	\$21,528	\$26,354	Bed Ratio	100.00%	\$26,354
Travel Expense	\$6,031	\$5,925	Direct Cost Center	100.00%	\$5,925
Vehicle Expense	\$3,171	\$994	Direct Cost Center	100.00%	\$994
Utilities	\$106,562	\$111,215	Cubic Footage	100.00%	\$111,215
Employee Training	\$9,346	\$10,904	Bed Ratio	100.00%	\$10,904
Property Insurance	\$33,193	\$46,747	Square Footage	100.00%	\$46,747
Taxes	\$0		Bed Ratio	100.00%	\$0
Education	\$0			100.00%	\$0
Misc - State Board of Prisoners	\$0			100.00%	\$0
Chiller Cost - Interest Expense	\$0		Bed Ratio	100.00%	\$0
Inmate Transport	\$1,867	\$2,090	Bed Ratio	100.00%	\$2,090
Publications/Subscriptions/Dues/Advertising	\$199	\$927	Bed Ratio	100.00%	\$927
Garbage Service	\$6,528	\$6,528	Bed Ratio	100.00%	\$6,528
MACO - Damages	\$0		Bed Ratio	100.00%	\$0
Credits - Auditor's Adjustment	\$0		Bed Ratio	100.00%	\$0
Credits (e.g. phone credits, insurance rebates, recoveries or idemnities on losses, commissary income)	\$0			0.00%	\$0
Total Other Direct Operating Costs	\$364,135	\$400,917			\$400,917

Account 190	\$186
	\$0
Account 391 - Account 392 - Netflix, parenting materials	\$3,316
Account 392 - Diamond Pharmacy & Gabert	\$284
Account 227, 392 (ambulance)	-\$1,045
	\$0
	\$0
Account 221	\$7,491
Account 218, 226	-\$12,958
Account 230,350 (sprinkler blowout - \$51.00), 364	\$6,159
Account 210 + Account 940 - Boss Office & Computer	\$2,714
Account 212,250	\$10,067
	\$0
Account 312 + \$18.67 account 350	-\$2,691
Account 313 -	\$4,826
Account 370 / 350 (Fadness Funeral credit \$683.85)	-\$106
Account 360+ 76.97 from #350	-\$2,177
Account 340	\$4,653
Account 380	\$1,558
Account 510 + insurance premium notice (wasn't originally n	\$13,554
	\$0
Account 333 and work books from 350	\$0
	\$0
Account 620	\$0
Account 311	\$223
Account 330, 392 (Pharmacy License Renewal 392) 350 Bo	\$728
Account 590	\$0
Account 350	\$0
Account 350	\$0
	\$0
Difference	\$36,782

CERTIFICATE OF INDIRECT COST RATE PROPOSAL FY 2017

Regional Correctional Facility

Dawson County Correction Facility

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

- (1) All costs included in this proposal to establish indirect costs or billings for the above named fiscal year are allowable in accordance with the requirements of OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments," and the contract(s) to which they apply. Unallowable costs have not been included in this proposal.
- (2) All costs included in this proposal are properly allocable to the contract(s) on the basis of a beneficial or causal relationship between the expenses incurred and the contract(s) to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governing Body:	Dawson County Correctional Facility
Name of Official:	Tom Green
Signature:	
Title:	Warden
Date of Execution:	

MDOC Business Management Services Division

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

- (1) All costs included in this proposal to establish indirect costs or billings for the above named fiscal year are allowable in accordance with the requirements of OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments," and the contract(s) to which they apply. Unallowable costs have not been included in this proposal.
- (2) All costs included in this proposal are properly allocable to the contract(s) on the basis of a beneficial or causal relationship between the expenses incurred and the contract(s) to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

MDOC Business Mar Name of Official:	nagement Services Division
Signature	
Title	
Date of Execution	
APPROVED	
NOT APPROVED	

SCHEDULE E - INDIRECT COST RATE PROPOSAL

Instructions: If you intend to claim indirect costs at a rate higher than the flat 8% allowed by MDOC you must provide the following indirect cost rate proposal with appropriate accounting documentation to support these calculations. An indirect cost is any cost not directly identified with a single, final cost objective and not subject to treatment as a direct cost. See OMB Circular A-87, Attachment E. If an indirect cost rate proposal is not submitted and approved by the MDOC Administrative Financial Services Division the regional correctional facility will be allowed to recoup no more than 8% of its direct costs as indirect costs.

indirect costs.						
(A)	(B)	(C)	(D)	(E)	(F)	(G)
	Organization	No. of	Total Cost	% of Time Spent	% Allocated	Allowable
	Providing	Employees		in Support of	to State Inmates	Indirect cost
Type of Service Provided	Service	Involved		Regional Correctional		$((D) \times (E)) \times (F) = (G)$
		FTE		Facility Operations		\$
Accounting Services		0.00	\$0	0.00%	0.00%	\$0
Human Resources		0.00	\$0	0.00%	0.00%	\$0
Purchasing		0.00	\$0	0.00%	0.00%	\$0
Administrative Services		0.00	\$0	0.00%	0.00%	\$0
Budget Services		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0
		0.00	\$0	0.00%	0.00%	\$0

Total Indirect Costs: \$0

Total Direct Costs: \$3,857,727

Indirect Cost Rate: 0.00%

Flat 8% Indirect Cost Rate

Total Direct Costs: \$3,857,727

Indirect Cost Rate: 8.00%

Total Indirect Costs: \$308,618

SCHEDULE F - EQUIPMENT DEPRECIATION COST

Instructions: An itemized list of each piece of equipment in the current approved regional correctional facility operating budget for this contract period must be provided and/or attached to this worksheet for full purchase value consideration. If equipment is depreciated, show total acquisition amount and method used by governing body in calculating depreciation. A use allowance, not to exceed 6-2/3% of acquisition cost of usable equipment may be substituted in lieu of actual depreciation. Equipment must be used directly for regional correctional facility operations. Treatment of these costs must be consistent with the regional correctional facility's method of depreciation. Any new purchases must have invoices and be agreed upon prior to use in this calculation.

Part I - New Equipment Approved in Current Operating Budget (Use Continuation Sheet if Necessary)

(A) Item Description	(B) Depreciation Method	(C) Purchase Date	(D) Total Cost	(E) % of Time Spent in Support of Regional Correctional Facility Operations	(F) % Allocated to State Inmates	(G) Equipment Cost Allowance ((D) x (E)) x (F) = (G)	
				100.00%	85.00%	\$0	
				100.00%	85.00%	\$0	
				100.00%	85.00%	\$0	
				100.00%	85.00%	\$0	
				100.00%	85.00%	\$0	
				100.00%	85.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
			\$0	0.00%	0.00%	\$0	
		·		Total Equipment D	epreciation Cost	\$0	
				Equipment De	epreciation (85%)	\$15,494	

Part II - Show method of calculating depreciation of equipment used by governing body if 6-2/3% depreciation is not used.

		Purchase	Total				Current Year	1	
Item	Depreciation				•	-1			
Description	Method	Date	Cost	Depreciation	Years	Months	Expense		
2 Washers	SL Method	04/24/05	\$24,000	\$400.00	5	0	\$0.00	Fully depreciated 04/24/10	
2 Speed Queen Dryers	SL Method	04/24/05	\$10,000	\$166.67	5	0	\$0.00	Fully depreciated 04/24/10	
2004 Chevy Suburban	SL Method	04/26/05	\$26,000	\$433.33	5	0	\$0.00	Fully depreciated 04/26/10 - traded on 20	010 Expedition
Chiller	SL Method	07/14/04	\$124,405	\$1,036.71	10	0	\$0.00	Fully depreciated 07/14/14	
Steamer	SL Method	01/15/07	\$10,583	\$176.38	5	0	\$0.00	Fully depreciated - 01/15/12	
2007 Chevy Impala	SL Method	7/01/07	\$15,729	\$262.15	5	0	\$0.00	Fully depreciated - 07/01/14	
2008 Ford Expedition	SL Method	10/30/08	\$20,339	\$338.98	5	0	\$0.00	Fully depreciated 10/30/13	
Tilting Kettle	SL Method	10/31/2010	\$18,424	\$307.06	5	0	\$0.00	Fully depreciated 10/31/15	
Tilting Skillet	SL Method	10/31/2010	\$11,851	\$197.52	5	0	\$0.00	Fully depreciated 10/31/15	
Metal Detector	SL Method	11/30/2010	\$6,800	\$113.33	5	0	\$0.00	Fully depreciated 10/31/15	
2010 Ford Expedition	SL Method	07/31/11	\$21,946	\$365.77	5	1	\$365.77	Fully depreciated 07/31/16	
2013 Chevy Impala	SL Method	05/31/13	\$15,384	\$256.40	5	12	\$3,076.83	Fully depreciated 05/31/18	
2014 Ford Expedition	SL Method	05/31/14	\$36,780	\$612.99	5	12	\$7,355.90	Fully depreciated 05/31/19	
Network Upgrade	SL Method	04/30/16	\$14,110	\$235.17	5	12	\$2,822.00	Fully depreciated 04/30/21	
Taser Upgrade	SL Method	10/31/15	\$5,894	\$98.23	5	12	\$1,178.79	Fully Depreciated 10/31/20	
Fire Alarm System	SL Method	02/28/17	\$20,836	\$173.63	10	4	\$694.54	Fully Depreciated 02/28/27	
Water Softener	SL Method	06/30/17	\$18,406	\$306.76	5	0	\$0.00	Fully Depreciated 06/30/22 (Start deprec	ciation in FY 201
•							\$15,493.82	100%	

Administrative Financial Services Division

SCHEDULE G - BUILDING DEPRECIATION

Instructions: Provide an explanation of method used by governing body to depreciate buildings. Show date of construction; cost of construction (cost of land/site is not allowable); number of years in depreciation cycle. Note that federal or State assistance used for building construction are considered offsetting revenues and are to be subtracted from cost of construction. In lieu of building depreciation an annual use allowance of 2% of acquisition cost may be substituted. Treatment of these costs must be consistent with local government's method. If claiming debt service arising from construction or renovation of a facility, please specify in "other" below.

Part I. Depreciation Computation

(1)	(2)	(3)	(5)	(6)
Facility	Date of	Original	Enter % of square	Total
·	Construction	Construction	footage for	Depreciation
		Cost	state inmates	Allowed
Main Building	1998	7,729,260.00	85.00%	\$6,569,871
Additions	1999-2004	148,850.00	85.00%	\$126,523
Land Addition	2008	\$8,014	100.00%	\$8,014
				\$0
				\$0
				\$0
Subtotal		\$7,886,124		\$6,704,408
Reduce Cost by MDOC grant		-\$5,000,000	100.00%	-\$5,000,000
Subtotal, after grant proceeds		\$2,886,124		\$1,704,408
Building Allowance (2% of above)				\$34,088

Part II - Show method of calculating depreciation of building used by governing body if the 2% use allowance is not used.