SUPPLEMENT

STATE AGENCY REPORT OF OBLIGATIONS FOR SSA DISABILITY P

(See instructions for completing form on reverse)

NAME OF AGENCY	STATE
	FISCAL
	DATE P

Indirect Cost Calculations (include pertinent information below: rate, base, exclusions). If the numbered State agreement, change it as appropriate and explain changes in the remarks section. We have repeated l reporting changes in indirect cost agreements within the Federal fiscal year.

FOR PERIOD	From: To:
1. Indirect Cost (Base multiplied by the Rate plus item 4 below)	$
2. Indirect Cost Rate	
3. Base	$
a. If base excludes equipment, etc., show amount of obligations excluded	$
b. If base excludes fringe benefits, show amount of obligations excluded	$
c. If other obligated funds are exluded from base, specify amount	
4. Other Indirect Charges--not included above (provide explanation in Remarks)	$
FOR PERIOD	From: To:
1. Indirect Cost (Base multiplied by the Rate plus item 4 below)	$
2. Indirect Cost Rate	
3. Base	$
a. If base excludes equipment, etc., show amount of obligations excluded	$
b. If base excludes fringe benefits, show amount of obligations excluded	$
c. If other obligated funds are exluded from base, specify amount	
4. Other Indirect Charges--not included above (provide explanation in Remarks)	$
Total Indirect Cost for the Federal Fiscal Year	$

Attach the latest indirect cost agreement if approved since submission of prior SSA-4513.

REMARKS: (Provide pertinent remarks here and/or include additional attachments.)

›roved OMB No. 0960-0421

›ROGRAMS

YEAR

REPARED

items do not reflect your
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