



Aitkin  
County

# Board of County Commissioners Agenda Request

**2H**  
Agenda Item #

Requested Meeting Date: **Feb. 24, 2015**

Title of Item: **Government mgmt. Group**

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing* <small>*provide copy of hearing notice that was published</small>
<b>Submitted by:</b> Kirk Peysar		<b>Department:</b> Auditor
<b>Presenter (Name and Title):</b> Kirk Peysar		<b>Estimated Time Needed:</b> n/a
<b>Summary of Issue:</b>  Approve contract with Government Management Group (GMG) for preparation of the county-wide indirect cost plan for ends ending 2014, 2015, and 2016. The cost of the plan preparation is \$3,600 annually.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b>  Approve the contract with GMG.		
<b>Financial Impact:</b> Is there a cost associated with this request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

Legally binding agreements must have County Attorney approval prior to submission.



Government  
Management  
Group

February 9, 2015

Mr. Kirk Peysar  
Aitkin County Auditor  
209 2<sup>nd</sup> Street SW  
Aitkin, MN 56431

Dear Mr. Peysar:

This letter will confirm our understanding of the engagement arrangements for *Government Management Group, Inc.* to prepare Aitkin County's Central Services Cost Allocation plans.

*GMG* will prepare the County's Central Service Cost Allocation plans in conformance with 2 CFR Part 200 for the plan years and fixed rates as indicated below. We will assist in negotiating the plan with the designated cognizant agency and make any revisions that may be necessary. We will monitor federal recoveries to ensure that you receive all eligible recoveries. Upon completion we will deliver to the County two (2) bound paper copies and an electronic copy of the plan. We will invoice the County annually upon completion of the plan. The fee includes all costs incurred by us.

The fee for this service will be a fixed fee of:

Plan with fiscal year ending December 31,

2014	\$3,600
2015	\$3,600
2016	\$3,600

We are pleased to have the opportunity to serve you. If this letter correctly expresses your understanding, please sign the enclosed copy where indicated and return to me at 9685 Norway Hills Trail, Lakeville, MN 55044. If you have any questions, please feel free to contact me.

Sincerely,

Dennis Pond  
President

APPROVED:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_