

HOSPITAL RATE AGREEMENT

DATE: April 20, 2004

HOSPITAL:  
Truman Medical Center, Inc.  
2301 Holmes Street  
Kansas City

MO 64108-

FILING REF.: The preceding  
Agreement was dated  
February 28, 2000

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES\*

RATE TYPES: FIXED      FINAL      PROV. (PROVISIONAL)      PRBD. (PREDETERMINED)

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE (%)</u>	<u>LOCATIONS</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
PROV.	01/01/04	UNTIL AMENDED	12.1	On Site	All Programs

\*BASE:

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.