**INDIRECT COST RATE CERTIFICATION**

1. Does your agency have a federally approved indirect cost rate? [ ] Yes [ ] No

2. If yes, who is the approving federal agency?

 [ ] Department Of Labor [ ] Department of Health and Human Services [ ] Other

 If other, document below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. What is your Agency’s federally approved indirect cost rate percentage?      %

4. If your agency does not have a federally approved indirect cost rate. Document your

 indirect case rate below and explain how the rate was determined.

 Indirect cost rate percentage:      %

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*(If the indirect cost rate percentage was determined by an auditing/accounting professional provide a statement from the audit/accounting professional explaining the methodology used.)*

4. What is your agency’s indirect cost rate base? *(Costs indirect rate percentage will be applied against)*

 [ ]  Direct Salaries [ ] Direct Salaries + Fringe [ ] All Direct Costs [ ] Other

If other, describe indirect cost rate base below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are facilities and administration (F&A) costs included in your agency’s indirect calculation?

 [ ] Yes [ ] No

6. Are utilities and space rental included as a part of your agency’s facilities and administration

 (F&A)costs? [ ] Yes [ ] No

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Agency Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency Financial Officer

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Date