

Certificate of Indirect Costs

NAME OF LOCAL GOVERNMENT

CONTACT'S NAME	
CONTACT'S TELEPHONE NUMBER ()	CONTACT'S EMAIL ADDRESS
INDIRECT COST PROPOSAL RATE	TIME PERIOD THE RATE COVERS FROM _____ TO _____
<p>This is to certify that I have reviewed the indirect cost rate submitted with this contract and to the best of my knowledge and belief:</p> <p>1. All costs included in this rate proposal _____ to establish a billing or final (DATE) indirect costs rate(s) for _____ are allowable with the requirements (PERIOD COVERED BY RATE) of the Federal award(s) to which they apply and 2 C.F.R. Office of Management and Budget (OMB) OMB Super Circular, which incorporates Cost Principles for State, Local, and Indian Tribal Governments. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.</p> <p>2. All costs included in this proposal are properly allocated to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements 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 and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.</p> <p>I declare that the foregoing is true and correct.</p>	
SIGNATURE	DATE OF EXECUTION
PRINTED NAME OF OFFICIAL	TITLE