CERTIFICATION FORM FOR INDIRECT COSTS

Indirect Cost Plan for FFY 20___ Budget
Simplified Allocation Method

A. Total Direct Costs for FFY 20__	
B. Total Indirect Costs for FFY 20__	
Indirect Calculation B ÷ A = Indirect Costs percentage for next fiscal year (FFY 20__)	

This is to certify that I have prepared the Indirect Cost Plan submitted herewith and, to the best of my knowledge and belief, I attest to the following:

1. All costs included in this proposal to establish billing or final indirect cost rates for the period October 1, 20__ through September 30, 20__ are allowable in accordance with the requirement of OMB Circular A-___, "Cost Principles for _____".

2. All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated. 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.

I declare the forgoing information is true and correct.

_____ _____
Organization Name Date

_____
Printed Named Title

_____
Signature

Rev.08/17/10