



***OHIO DEPARTMENT
OF EDUCATION***

***2015 INDIRECT COST RECOVERY PLAN
FOR OHIO SCHOOL DISTRICTS***

APPENDIX

- **DOCUMENT CHECKLIST**
 - **INDIRECT COST RATE PROPOSAL CERTIFICATION**
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**Once approved, your 2015 Indirect Cost Rate will be effective
July 1, 2014 through June 30, 2015.**

FY 2015 INDIRECT COST RATE STATUS CERTIFICATION

Please check all appropriate box(es):

- A. _____ Our district had an Indirect Cost Rate (ICR) approved for FY 2012
_____ We did not recover any federal money using the indirect cost rate method.
_____ We did recover federal funds using the indirect cost rate method.
- B. _____ Our district had an (ICR) approved for FY 2013
_____ We did not recover any federal money using the indirect cost rate method.
_____ We did recover federal funds using the indirect cost rate method.
- C. _____ Our district had an (ICR) approved for FY 2014
_____ We did not recover any federal money using the indirect cost rate method.
_____ We did recover federal funds using the indirect cost rate method.

Please sign, date, and return.

School District: _____ County: _____

Phone: _____ IRN: _____

Fax: _____

Superintendent: _____ Date: _____

Treasurer: _____ Date: _____

Treasurer Email: _____

Plan Preparer: _____

Plan Preparer Email: _____

Plan Preparer Phone: _____

(if different than above)

Ohio Department of Education
Office of Federal and State Grants Management
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OHIO DEPARTMENT OF EDUCATION
INDIRECT COST RATE PROOSAL FOR
OHIO SCHOOL DISTRICTS
FY 2015 DOCUMENT CHECKLIST

School District Name: _____

School District Number: _____ **County:** _____

Fiscal Year: _____

- _____ 1. Indirect Cost Rate Status Certification (1 copy)
- _____ 2. ICR Schedule A (Cost Classification) – (1 copy)
- _____ 3. ICR Schedule B (Excluded & Unallowable Costs) – (1 copy)
- _____ 4. ICR Schedule C Page 1 (Indirect Cost Rate Pool) – (1 copy)
- _____ 4A. ICR Schedule C Page 2 (Indirect Cost Rate Pool) – (1 copy)
- _____ 5. ICR Schedule D (Fixed with Carry-Forward Computation) – (1 copy)
- _____ 6. ICR Schedule E (Square Footage Calculation) – (1 copy)
- _____ 7. ICR Schedule F (Unrestricted Rate Computation) – (1 copy)
- _____ 8. FY 2013 Legacy Schedule of Expenditures by Function and Object Categories
(all funds) (1 copy)
- _____ 9. FY 2013 Legacy Schedule of Expenditures by Objects for All Funds (1 copy)
- _____ 10. Indirect Cost Rate Proposal Certification (1 copy)

**Once approved, your 2015 Indirect Cost Rate will be effective
July 1, 2014 through June 30, 2015.**

School District

County

IRN

Indirect Cost Rate Proposal Certification

I hereby certify that the information contained in the attached indirect cost rate proposal for the fiscal year 2015 is prepared in conformance with Office of Management and Budget Circular A-87 located at 2 CFR Part 225, Cost Principles for State, Local and Indian Tribal Governments and the Education Department General and Administrative Regulations. I further certify: (1) that no costs other than those incurred by the grantee/contractor or allocated to the grantee/contractor via an approved central service cost allocation plan were included in its indirect cost rate pool as finally accepted, and that such incurred costs are legal obligations of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent accounting treatment, and (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate. Finally, I certify that the information contained in this proposal is supported by sufficient and competent evidential matter in the districts' records and it is this evidence upon which an indirect cost rate is proposed.

A fixed with carry-forward restricted rate of _____ is requested per attached agreement.

A fixed with carry-forward unrestricted rate of _____ is requested per attached agreement.

Signature

Treasurer's Printed Name

Treasurer's Email Address

Telephone #

Fax #

Date