

2014 INDIRECT COST RECOVERY PLAN FOR OHIO SCHOOL DISTRICTS

APPENDIX

DOCUMENT CHECKLIST
INDIRECT COST RATE PROPOSAL CERTIFICATION

FY 2014 INDIRECT COST RATE STATUS CERTIFICATION

Please check	the appropriate box(es):				
A	Our district had an Indirect Cost Rate (ICR) approved for FY 2011 but we neve recovered any federal money using the indirect cost rate method.				
В	Our district had an (ICR) approved for FY 2011 and we recovered federal funds using the indirect cost rate method.				
C	Our district had an (ICR) approved for FY 2012 but we never recovered any federal money using the indirect cost rate method.				
D	Our district had an (ICR) approved for FY 2012 and we recovered federal funds using the indirect cost rate method.				
E	Our district had an (ICR) approved for FY 2013 but we never recovered any federal money using the indirect cost rate method.				
F	Our district had an (ICR) approved for FY 2013 and we recovered federal funds using the indirect cost rate method.				
_	ate, and return by April 30, 2013.	County			
School District:					
Phone:	Additional Assessment Control	_ IRN:			
Fax:		_			
Superintendent:		Date:			
Treasurer:		Date:			
Treasurer Em	ail:	_			
Plan Preparer	•	_			
Plan Preparer	Email:	•			
Plan Preparer	Phone: (if different than above)				
Ohio Departm	nent of Education				

Ohio Department of Education Office of Federal and State Grants Management 25 South Front Street Mail Stop G03 Columbus, Ohio 43214-4183

OHIO DEPARTMENT OF EDUCATION

INDIRECT COST RATE PROOSAL FOR

OHIO SCHOOL DISTRICTS

FY 2014 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.	ICFR 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 2012 Legacy Schedule of Expenditures by Function and Object Categories					
	(all funds) (1 copy)					
9.	FY 2012 Legacy Schedule of Expenditures by Objects for All Funds (1 copy)					
10.	Indirect Cost Rate Proposal Certification (1 copy)					

<u>Deadline</u>: The 2014 Indirect Cost Rate Proposals are due on or before <u>April 30, 2013</u>. Once approved, your 2014 Indirect Cost Rate will be effective July 1, 2013 through June 30, 2014. An extension of thirty (30) days may be requested.

2014 Indirect Cost Recovery Plan for Ohio Schools

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 2014 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 res	tricted rate of	is requested p	per attached	l agre	eement.
A fixed with carry-forward agreement.	unrestricted rate of	is	requested	per	attached
	Signature				
	Treasurer's Printed Na	me			
	Treasurer's Email Add	ress			
	Telephone #				
	Fax #				
	Date				