

# Request to Use an Average Unrestricted Indirect Cost Rate\*

## Section I: General Information

Organization IRN and Name:

IRN \_\_\_\_\_ Name \_\_\_\_\_

Agency Type (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> School District/Community School | <input type="checkbox"/> Child Nutrition Organization   |
| <input type="checkbox"/> Educational Service Center (ESC) | <input type="checkbox"/> Nonpublic School               |
| <input type="checkbox"/> Childcare/PreSchool              | <input type="checkbox"/> Community Service Organization |
| <input type="checkbox"/> Other: _____                     |   |

## Section II: Fiscal Year Information

Fiscal Year for Which Average Unrestricted Indirect Cost Rate Is Requested:

FY \_\_\_\_\_

Does the agency have a negotiated indirect cost rate approved by its cognizant agency for the fiscal year requested?\*

- No  
 Yes (If yes, this form should not be submitted.)

## Section III: Program Use

Does your organization plan to use a restricted indirect cost rate?\*

- No  
 Yes (If yes, this form should not be submitted. An [Indirect Cost Rate Proposal](#) must be submitted for review and approval.)

Identify the program(s) for which the average unrestricted indirect cost rate will be applied (check all that apply):

- Medicaid in Schools  
 National School Lunch Program

## Section IV: Eligibility and Compliance Acknowledgements

By signing below, the agency certifies and acknowledges the following:

The agency is a **State or Local Government Agency** and is **not eligible** to use the 15% De Minimis indirect cost rate under [2 CFR 200.414\(f\)](#).

The agency does **not** have an approved negotiated indirect cost rate for the fiscal year indicated.

The agency requests approval to use a **statewide average unrestricted indirect cost rate** calculated by the Ohio Department of Education and Workforce based on the prior two fiscal years. All costs claimed as indirect will comply with the federal cost principles of: **Reasonableness** ([2 CFR §200.404](#)); **Necessity** ([2 CFR §200.403\(a\)](#)); **Allowability** ([2 CFR §200.403](#)); and **Allocability** ([2 CFR §200.405](#))

The agency agrees to maintain appropriate documentation and make records available for monitoring or audit purposes.

Approval is valid only for the fiscal year indicated and must be requested **annually**.

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## Section V: Certification

I certify that the information provided in this request is true, correct, and complete to the best of my knowledge.

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**Treasurer/Fiscal Representative Signature**

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**Printed Name**

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**Email and Phone Number**

**Date**

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## Submission Instructions

Submit the completed form annually to:

**Email:** [indirectcost@education.ohio.gov](mailto:indirectcost@education.ohio.gov)

Upon review and approval, the Ohio Department of Education and Workforce, Office of Grants Administration, will issue an **Indirect Cost Rate Agreement**.