

Massachusetts Department of Elementary and Secondary Education
Annual Application for Indirect Cost Rate
Instructions

Please fill out all applicable items:

Entity Name: Legal name of organization applying for indirect cost rate (not program name).

Address: Address of above organization

Phone: Phone number of above organization

Percentage of indirect cost rate being applied for. Please round to one decimal place. (e.g. 2.5%)

Check which type of rate (only one) that you are applying for:

Separately approved rate with the Federal Government. A copy of the current (within last three years) notification **must** be attached.

Department assigned rate (maximum of 5.0%)

Signature of individual who is authorized to contract for the entity, date, typed or printed name and individual's title.

Mail this completed form and any applicable documentation to the following address:

Mr. David LeBlanc, CGFM
Massachusetts Department of Elementary and Secondary Education
Audit & Compliance Unit
75 Pleasant Street
Malden, MA 02148

To: Massachusetts Department of Elementary and Secondary Education

Re: Annual Application for Indirect Cost Rate – FY 2010

From: (Entity Name)

(Address)

(Phone)

I hereby apply for a maximum indirect cost rate of _____% to be used in the application of Fiscal Year 2010 grants issued by the Massachusetts Department of Elementary and Secondary Education.

This rate has been separately approved by the Federal Government and the current authorization is attached. By applying for this rate we certify that we are in compliance regarding the submission of all Final Grant Report(s) and our organization's latest Audit Report.

We are applying for a Department assigned rate for Fiscal Year 2010 (maximum 5%). By applying for this rate we certify that we are in compliance regarding the submission of all Final Grant Report(s) and our organization's latest Audit Report.

Signature: _____

Date: _____

Name (typed): _____

Title: _____

For Department use only:

All prior Final Reports appear to be filed (Y / N)

Signed: _____

Date: _____

Latest Audit Report on file (Y / N)

Signed: _____

Date: _____

Entity approved for a rate of _____% for grants issued by the Massachusetts Department of Elementary and Secondary Education for Fiscal Year 2010.

Signed: _____

Date: _____

This form is not to be changed in any way by the applying entity. Any changes will invalidate the application and no action or notification will be taken by the Department.