To Establish an Indirect Cost Rate for School Year 2019-2020 (State Fiscal Year '20)

LEA Information and Certification of Additional Costs

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and that to the best of my knowledge and belief:

- 1. As per Uniform Guidance §200.333 Retention requirements for records All records and documentation supporting the indirect cost allocation plan will be retained for a period of three years after the last day of the fiscal year (school year) to which the proposal applies or until audited, whichever occurs sooner.
- 2. The LEA's accounting records are maintained in accordance with Module 1, Financial Accounting and Reporting, of TEA's Financial Accountability System Resource Guide, and I have included all costs identified as governmental funds and food service enterprise funds, if applicable.

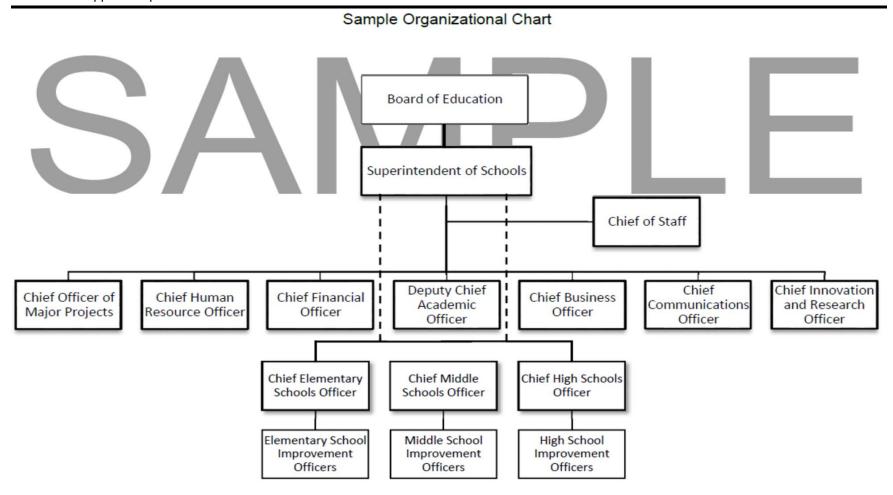
I declare that the foregoing is true and correct to the best of my knowledge:

Name of LEA:	Select
County District Number:	CDN
Name of Primary Contact	
Completing Worksheet:	
Title:	
Phone Number:	
Email:	
Date:	

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Organizational Chart Requirement

Below is an example of the kind of organizational chart that ISDs must submit for fiscal year 2018 to be included in the ICRP. The organizational chart must support the positions itemized on the Additional Costs FY 18 worksheet.



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Organizational Chart Requirement

Please insert/paste ISD's organizational chart for fiscal year 2018 (school year 2017-2018) below the line. Note: If your org chart is a PDF, open the PDF> Save As> Save as type: JPEG. Then from this Excel tab, go to Insert (next to Home)> Pictures> Select org chart JPEG file you just saved. You may also use the Snipping Tool to snip and paste the org chart here:

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Additional Costs Worksheet (To be completed by LEA) - FY 2018 Financial Information

			Organization Code:	702	703	720	
Fund	Function	Obj	Description	School Board	Tax Office Costs	Direct Costs	TOTAL
100	41	6100	Payroll Costs (exclude obj 6144)				\$
100	41	6200	Prof/Contract Services				\$
100	41	6300	Supplies/Materials				\$
100	41	6400	Other Operating				\$
200	41	6100	Payroll Costs (exclude obj 6144)				\$
200	41	6200	Prof/Contract Services				\$
200	41	6300	Supplies/Materials				\$
200	41	6400	Other Operating				\$
300	41	6100	Payroll Costs (exclude obj 6144)				\$
300	41	6200	Prof/Contract Services				\$
300	41	6300	Supplies/Materials				\$
300	41	6400	Other Operating				\$
400	41	6100	Payroll Costs (exclude obj 6144)				\$
400	41	6200	Prof/Contract Services				\$
400	41	6300	Supplies/Materials				\$
400	41	6400	Other Operating				\$
ALL	41	ALL	Totals:	\$ -	¢ -	¢ -	\$

TR	S On-Beh	alf paym	ents AND/OR Medicare Part I	D Payments						
	Fund	Obj	Fund Description	Function 1X	Function 2X	Function 3X	Function 4X	Function 5X	Function 6X	TOTAL
	100	6144	General Funds							\$ -
	200	6144	Special Revenue Funds							\$ -
	300	6144	Special Revenue Funds							\$ -
	400	6144	Special Revenue Funds							\$ -
	ALL	6144	Totals:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Fo	od and Mi	Ik Costs	of Food Service Program		
	Fund	Obj	Fund Description	Function 3X	TOTAL
	100	6341	General Funds		\$ -
	200	6341	Special Revenue Funds		\$ -
	300	6341	Special Revenue Funds		\$ -
	400	6341	Special Revenue Funds		\$ -
	ALL	6341	Totals:	\$ -	\$ -

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Additional Costs Worksheet (To be completed by LEA) - FY 2018 Financial Information

De	preciation Expense Amounts	
	Enter the depreciation amounts as listed	AMOUNT
	Total Depreciation charged to Governmental Funds	

	UIRED STION	Did the LEA	make payments to a fiscal agent and/o	r member district of an		ral grant funds from l rom pull-down list↓	FN 93?
Payment	s to Fiscal A	Agents/Mem	ber Districts of SSAs				
Fund	Function	Object	Name of SSA	CFDA#	Begin Date	End Date	Amount
Paid w	ith Federal F	unds					
	93	649X					\$
	93	649X					\$
	93	649X					\$
	93	649X					\$
	93	649X					\$
	93	649X				Total:	\$

-•	JIRED STION	Did the scho	ol district distribute fede	ral grant funds as a subgrant or a		ugh funds? from pull-down list↓	If YES - Co	mplete this section, o	detail the items l
ederal Su	bgrants								
Fund	Function	Obj	Payee	Description	CFDA#	Begin Date	End Date	Amount	The CEDA# in
Select	Select	Select						\$	The CFDA# is
Select	Select	Select						\$	number is the
Select	Select	Select						\$	of Federal Do
Select	Select	Select						\$	Assistance fee
Select	Select	Select						\$	number and id
ther Fede	eral Grant Pa	ss-Through l	Funds						the Federal Gr
Fund	Function	Obj	Payee	Description	CFDA#	Begin Date	End Date	Amount	which funds the subrecipient item.
Select	Select	Select						\$	there is not a
Select	Select	Select						\$	it is not a subr
Select	Select	Select						\$	item.
Select	Select	Select						\$	-
Select	Select	Select			i			\$	

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Additional Costs Worksheet (To be completed by LEA) - FY 2018 Financial Information

Contingenc	tingencies							
Fund	Function	Obj	Description	Amount				
Select	Select	Select	Monetary judgements against district/school (legal judgements dictated by a court of law)	\$	-			
Select	Select	Select	Enter Description of Cost	\$	-			
Select	Select	Select	Enter Description of Cost	\$	-			
Select	Select	Select	Enter Description of Cost	\$	-			
Select	Select	Select	Enter Description of Cost	\$	-			
Select	Select	Select	Enter Description of Cost	\$	-			

Chief Executive Officer Information (report only general funds)

t Amount Position** Codes (do not duplicate ***do not include obj						
	State/Local Fixed Cost Amount	State/Local Salary Amount	e	Position Title	Function (Select from	Fund
	Object Codes 613X-614X ***	Object Codes 611X-612X			pull-down list)	
					Select	1XX - 199
					Select	1XX - 199
					Select	1XX - 199
					Select	1XX - 199
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					Select	1XX - 199
					Select	1XX - 199
					Select	1XX - 199
t Amount Positions	State/Local Fixed Cost Amount (613X-614X)	State/Local Salary Amount (611X-612X)	Grand Totals:			

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Additional Costs Worksheet (To be completed by LEA) - FY 2018 Financial Information

	UIRED STION	Did the LEA make payments to one or more departing employees for terminal leave? Select answer from pull-down list If YES - Complete this section, detail the items below the section is section.									
Fund	Function	Object	Location of Employee	Job Title of Employee	Name of Employee	Nature of Employee (Direct or Indirect)	Amount of Payment				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select				Select	\$				
Select	Select	Select			_	Select	\$				
Select	Select	Select				Select	\$				