

Indirect Cost Rate Utilization Survey

1. Select your ESC Region Number, Local Educational Agency Name and County District Number

Education Service Center (ESC) Region

Choose an item.

Local Educational Agency (LEA)

Choose an item.

County District Number (CDN)

Choose an item.

2. Name of Primary Contact

First Name, Last Name

3. Email of Primary Contact

name@abcisd.net

4. Phone Number of Primary Contact

555-555-5555

5. Has your LEA utilized its Indirect Cost Rate and claimed indirect costs during the last 3 years?

Yes

No

In which school year(s) did your LEA claim indirect costs? (Check all that apply)

2019-2020

2020-2021

2021-2022

6. For which of the following has your LEA claimed indirect costs? (Check all that apply)

TEA Grants

School Health and Related Services
(SHARS)

National School Lunch Program

Other:

Add text here for "other."

7. By signing below, the person named above is agreeing with the following statement: "I am an authorized official (superintendent or chief operating officer) for the LEA, providing assurance and acknowledgement that the information in this survey is accurate."

Note: TEA will not share data on how individual LEAs utilize their indirect cost rates.

SIGNATURE HERE