Indirect Cost Rate Proposal (ICRP) Additional Costs Workbook

To Establish an Indirect Cost Rate for School Year 2020-2021 (FY '21)

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 2 CFR §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:

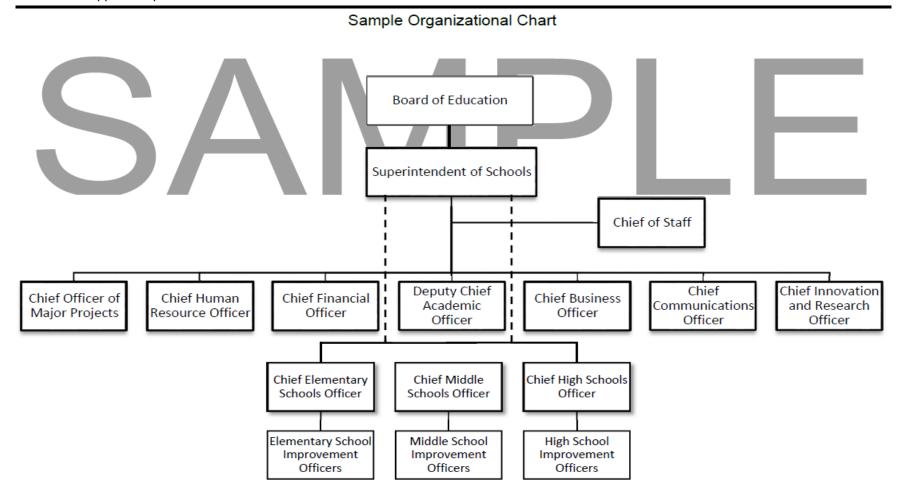
Name of LEA:	Select
County District Number:	CDN
Name of Primary Contact	
Completing Worksheet:	
Title:	
Phone Number:	
Email:	
Date:	

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Organizational Chart Requirement

Below is an example of the kind of organizational chart that ISDs must submit for fiscal year 20XX to be included in the ICRP. The organizational chart must support the positions itemized on the Additional Costs FY XX worksheet.



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Organizational Chart Requirement

Please insert/paste ISD's organizational chart for fiscal year 2019 (school year 2018-2019) 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 2019 Financial Information

Fui	nction 41	- General	Governa	nce and Direct Costs				
				Organization Code:	702	703	720	
ı	Fund	Function	Obj	Description	School Board	Tax Office Costs	Direct Costs	TOTAL
ľ	100	41	6100	Payroll Costs (exclude obj 6144)				\$ -
ı	100	41	6200	Prof/Contract Services				\$ -
ı	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	RS On-Behalf payments AND/OR Medicare Part 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 M	ilk Costs	of Food Service Program		
	Fund	Obj	Fund Description	Function 3X	TOTAL
	100	6341	General Funds		\$ -
	200		Special Revenue Funds		\$ -
	300	6341	Special Revenue Funds		\$ -
	400	6341	Special Revenue Funds		\$ -
	N/A	6341	Food Service Enterprise Fund		
	ALL	6341	Totals:	\$ -	\$ -

Select

Select

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

REQUIRED QUESTION Did the LEA make payments to a fiscal agent and/or member district of an SSA funded with federal grant funds from FN 93? Select answer from pull-down list \							FN 93?	
Payments	to Fiscal A	gents/Member	Districts of SSAs					
Fund	Function	Object	Name of SSA	CFDA#	Begin Date	End Date	Amount	
Paid with Federal Funds								
	93	649X						
	93	649X						
	93	649X						
	93	649X						
	93	649X						
	93	649X				Total:	\$	

Federal Subrecipient Items - Federal Subgrants and Federal grant pass-through funds (report only federal funds) REQUIRED Did the school district distribute federal grant funds as a subgrant or as federal grant pass-through funds? If YES - Complete this section, detail the items below QUESTION Select answer from pull-down list \downarrow Federal Subgrants Payee Description End Date The CFDA# is Fund Function Obj CFDA# Begin Date Amount **REQUIRED** - This Select Select Select Select number is the Select Select Catalog of Federal Domestic Assistance federal Select Select Select number and identifies the Federal Grant which funds the Other Federal Grant Pass-Through Funds Description Fund Function Obj CFDA# **Begin Date** End Date Amount Select Select Select subrecipient item. If there is not a CFDA #, it is not a Select Select Select Select Select Select

ontingenci	ontingencies							
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					

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Additional Costs Worksheet (To be completed by LEA) - FY 2019 Financial Information

		NOTE: Do not duplic	cate costs - All colum	n items must be con	npleted		
Fund	Function (Select from	Position Title		State/Local Salary Amount	State/Local Fixed Cost Amount	Enter Number of Position**	
	pull-down list)			Object Codes 611X-612X	Object Codes 613X-614X ***	(do not duplicate counts)	***do not include o code 614
1XX - 199	Select			01177 01277	0.000.00	,	
1XX - 199	Select						
1XX - 199	Select						
1XX - 199	Select						
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1XX - 199	Select						
1XX - 199	Select						
1XX - 199	Select						
			Grand Totals:		\$ -	0.00	
				State/Local Salary Amount (611X-612X)	State/Local Fixed Cost Amount (613X-614X)	Total Number of Positions	

minal Le	ave						
	UIRED STION	Did the	e LEA make payments	to one or more departing employees for to Select answer fi	erminal leave? If YES - rom pull-down list \	Complete this section, deta	ail the items belo
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	Ì			Select	
Select	Select	Select	Ì			Select	
Select	Select	Select				Select	
Select	Select	Select				Select	