

CERTIFICATION

I certify as the responsible official of _____ School System that the information contained herein has been prepared in accordance with instructions issued by the Tennessee Department of Education and is correct to the best of my knowledge and belief. No costs other than those incurred have been included in the indirect cost rate application. The same costs that have been treated as indirect costs have not been and will not be claimed as direct costs, and similar types of costs have been accorded consistent treatment. All expenditures detailed on the application form are actual costs and supporting documents have been maintained for audit availability. Full responsibility is hereby assumed by the _____ School System for settlement of any audit questions arising as a result of the information herein submitted.

The Non-Restricted rate is to be used for all Food Service purposes. An Indirect Cost Rate of:

_____ % Non-Restricted Programs

_____ % Restricted Programs

is proposed for use during fiscal year ending June 30, 2007.

Superintendent, LEA

Date

DECLARATION OF NEGATIVE INTENT
TO DEVELOP AN INDIRECT COST PROPOSAL

I hereby declare as the responsible official of _____ School System that we do not intend to develop an indirect cost proposal for the fiscal year ending June 30, 2007.

Superintendent, LEA

Date

ACCEPTED AND APPROVED BY TENNESSEE DEPARTMENT OF EDUCATION

Director, Local Finance

Date