Wisconsin Department of Public Instruction
INDIRECT COST RATE ADJUSTMENT
Office of Management and Budget Circular A-87
PI-1161 (Rev. 09-10)

INSTRUCTIONS: Refer to detailed instructions included in Indirect Cost Plan. Complete and return by **October 31** to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: GENE FORNECKER, CPA
SCHOOL FINANCIAL SERVICES
125 SOUTH WEBSTER STREET
P.O. BOX 7841
MADISON, WI 53707-7841

GENERAL INFORMATION

Legal Name of School District or Local Educational Agency	Contact Person	Telephone *Area/No.*

Address *Street, City, State, Zip*	County Code	LEA Code

I. ACCOUNT ADJUSTMENTS *(Optional)*

Some General Funds costs can be considered both restricted and unrestricted indirect costs. Refer to detailed instructions in Local Educational Agency Indirect Cost Plan.

Account Code	Account Name	Indirect Restricted	Indirect Unrestricted	Direct Cost	Excluded Cost
		$	$	$	$
	Total Adjustments	$	$	$	$

Comments:

II. CERTIFICATION BY AGENCY OFFICIAL
Required for rate establishment

I HEREBY CERTIFY that the information contained in the annual report or attached indirect cost rate proposal for the year ended _____ *(Mo./Day/Yr.)* is prepared in conformance with the Office of Management and Budget Circular A-87 and the Education Department General and Administrative Regulations. I further certify: (1) that no costs other than those incurred by the Local Education Agency were included on the annual report or accompanying indirect cost proposal, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent accounting treatment, and (4) that the information provided by the Local Education Agency which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate.

Name *(print or type)*	Title	Signature	Date Signed
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