

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

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

		GENERAL INFORMATION								
Legal Name of School District or Local Educational Agency		Contact Person					Telep	hone <i>Area/No.</i>		
Address Street, City, State, Zip							County Code	.	LEA Code	
		I. ACCOU	NT ADJUSTMENTS (O	otional)						
Some General Funds costs can be con-	nsidered both	restricted and unrestric	cted indirect costs. Refe	r to detailed instruction	ons in Loca	l Educational A	Agency Indired	t Cost	Plan.	
Account Code Account Name		ount Name	Indirect Restricted	I Indirect Unre	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 i conformance with the Office of Management and Buc incurred by the Local Education Agency were included claimed as direct costs, (3) that similar types of costs basis for acceptance of the rate(s) agreed to herein is n	idget Circulared on the ann have been a	A-87 and the Education A-87 and the Education in A-87 and the Educatio	on Department General nying indirect cost proper counting treatment, and	I and Administrative osal, (2) that the sai	Regulation me costs the	at have been	ertify: (1) that treated as inc	no cos direct c	osts have not been	
Name (print or type)		е		Signature				Date Signed Mo./Day/Yr.		
				>						