

INSTRUCTIONS: Refer to detailed instructions included in Indirect Cost Plan. Complete and return by **JUNE 28** to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION ATTN: KENDRA GLANDER, CPA SCHOOL MANAGEMENT SERVICES 125 SOUTH WEBSTER STREET PO BOX 7841 MADISON, WI 53707-7841

		GE	NERAL INFORMATION	N						
Legal Name of School District or Local Educational Agency Address Street, City, State, Zip			Contact Person				Tele		hone <i>Area/No.</i>	
							County Code	<u> </u>	LEA Code	
		I. ACCOU	NT ADJUSTMENTS (O	ptional)						
Some General Funds costs ca	an be considered b	ooth restricted and unrestric	cted indirect costs. Refe	er to detailed instruction	ons in Loca	l Educational	Agency Indired	t Cost	Plan.	
Account Code	Α	Account Name	Indirect Restricted	d Indirect Unre	stricted	Direct Cost		Excluded Cost		
			\$	\$	\$		\$		\$	
Total Adjustments			\$	\$		\$		\$		
Comments										
			CATION BY AGENCY (red for rate establishm							
HEREBY CERTIFY that the information co onformance with the Office of Management a lose incurred by the Local Education Agency laimed as direct costs, (3) that similar types asis for acceptance of the rate(s) agreed to h	and Budget Unifor were included on of costs have bee	rm Grant Guidance and the the annual report or accon an accorded consistent acc	e Education Departmer npanying indirect cost pounting treatment, and	nt General and Admin proposal, (2) that the s	istrative Resame costs	that have be	further certify: (en treated as in	1) that direct	costs have not been	
Name (print or type)		Title		Signature				Date	Signed <i>Mo./Day/Yr</i>	
				>						