

INSTRUCTIONS: Refer to detailed instructions included in Indirect Cost Plan. Complete and return electronically by JUNE 30 to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Email: indirectcost@dpi.wi.gov

		GE	NERAL INFORMATION							
Legal Name of School District or Local Educational Agency			Contact Person				Telephone Area/No.			
Address Street, City, State, Zip			<u> </u>				County Code	<u> </u>	LEA Code	
		I. ACCOU	COUNT ADJUSTMENTS (Optional)							
Some General Funds costs can be	considered bo	th restricted and unrestric	ted indirect costs. Refer	to detailed instruction	ons in Local	Educational A	Agency Indirect	Cost F	Plan.	
Account Code A		count Name	Indirect Restricted	Indirect Unr	Indirect Unrestricted		Direct Cost		Excluded Cost	
			\$	\$	\$		\$			
Total Adjustments			\$	\$	\$		\$		\$	
Comments			I					ı		
			CATION BY AGENCY Cred for rate establishm							
I HEREBY CERTIFY that the information contain conformance with the Office of Management and Buincurred by the Local Education Agency were included as direct costs, (3) that similar types of costs have acceptance of the rate(s) agreed to herein is not sure.	udget Uniform ded on the ann been accorde	Grant Guidance and the E ual report or accompanyin d consistent accounting to	ducation Department Go og indirect cost proposal, reatment, and (4) that th	eneral and Administr (2) that the same co	ative Regula	e been treate	er certify: (1) the	at no co osts ha	ve not been claimed	
Name (print or type)	Т	- itle	Signature					Date Signed Mo./Day/Yr.		
				>						