

# FY20 Non-LEA Fixed Restricted Indirect Cost Rate Application

Please fill out the application sections A, B, C, and D and submit to:

**The Department of Elementary and Secondary Education**

**Audit & Compliance Unit**

**75 Pleasant St.**

**Malden, MA 02148**

**Attention: Jeffrey Benbenek**

**Tel #: (781)-338-6518**

**E-mail: jbenbenek@doe.mass.edu**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O*rganization Name:* |  | | | | |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| *Address:* |  |  |
|  | Street Address | Unit # |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | |  |
|  | City | | State | | | ZIP Code |
| *Contact Name:* |  | | | | | |
| *Title:* |  | | | | | |
|  |  |  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Phone*: |  | *Email* | : |

## DESE Grant(s) Applicable to Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Adult Basic Education* |  | *Other (Please specify below)* | |  |
|  | | | | |
| *Perkins (Career Vocational Technical Education)* |  | *Grant: (s)* |  | |

## Select the Indirect Cost Methodology to determine your Indirect Cost Rate (Please check box on method chosen and include following documents accordingly with application submission.)

|  |  |  |
| --- | --- | --- |
|  | | |
| **Method 1** | 1. Federal Cognizant Agency Approved Negotiated Indirect Cost Rate Agreement (Please include following documents) |  |
|  | 1. *Copy of Indirect Cost Rate Agreement* |  |
|  | * 1. *Current Organization Chart* |  |
|  | | |
| **Method 2** | 1. IRS Form 990 ((Please include following documents with application) | |  | | --- | |  | |
|  | * 1. *Copy of IRS Form 990 filed with IRS (2018 or most current)* | |  | | --- | |  | |
|  | * 1. *Current Organization Chart* | |  | | --- | |  | |

## Organization Signature

I certify that the documents submitted with this application are accurate and current and supported by the organizations financial records. If applicable, the Form 990 submitted was filed with the IRS on a timely basis and the financial records of the organization support the Functional Expenses amounts in Part IX, page 10 of the IRS Form 990 used for the eligibility calculation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Title:** |  | | |

## For DESE Audit & Compliance Review Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | |  |
| 1. Methodology Selected | IRS Form 990 | |  |  | | --- | --- | | NICRA |  | | N/A | |
| 1. IRS Form 990 Calculation WS reflect Indirect Cost Rate 10% or Higher. (If lower further documentation needed to determine rate) | YES | |  | | --- | | NO | | N/A | |
| 1. Federal Cognizant Agency Approved Negotiated Indirect Cost Rate Agreement reflects an Indirect Cost Rate ( Maximum rate allowed is 8%, if rate is lower, lower rate must be applied) | YES | NO | N/A | |
| 1. Organization Chart | YES | NO | N/A | |
| **Comments:** | | | | |
|  | | | | |

## DESE Indirect Cost Eligibility Determination

|  |  |  |
| --- | --- | --- |
|  | Approval | |
| Organization Eligible for Flat 8% Fixed Indirect Cost Rate ( If no further documentation needed to determine a restricted indirect cost rate) | YES | NO |
| **Comments:** | | |
|  | | |

## DESE Audit & Compliance Approval

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Title: | Director of Audit & Compliance | | |