**Massachusetts Department of Elementary and Secondary Education**

**Annual Application for Indirect Cost Rate**

**Instructions**

Please fill out all applicable items:

Entity Name: Legal name of organization applying for indirect cost rate (not

 program name).

Address: Address of above organization

Phone: Phone number of above organization

Percentage of indirect cost rate being applied for. Please round to one decimal place. (e.g. 2.5%)

Check which type of rate (only one) that you are applying for:

Separately approved rate with the Federal Government. A copy of the current (within last three years) notification **must** be attached.

Department assigned rate (maximum of 5.0%)

Signature of individual who is authorized to contract for the entity, date, typed or printed name and individual’s title. To process the application we must have an original signature on the form.

Mail this completed form and any applicable documentation to the following address:

Mr. David LeBlanc, CGFM

Massachusetts Department of Elementary and Secondary Education

Audit & Compliance Unit

75 Pleasant Street

Malden, MA 02148

To: Massachusetts Department of Elementary and Secondary Education

Re: FY 2017 - Annual Application for Indirect Cost Rate

From: (Entity Name)

 (Address)

 (Phone)

I hereby apply for a maximum indirect cost rate of \_\_\_\_\_\_\_\_% to be used in the application of Fiscal Year 2017 grants issued by the Massachusetts Department of Elementary and Secondary Education.

**[ ]** This rate has been separately approved by the Federal Government and the current authorization is attached. By applying for this rate we certify that we are in compliance regarding the submission of all Final Grant Report(s), repayment of unused funds and our organization’s latest Audit Report.

**[ ]** We are applying for a Department assigned rate for Fiscal Year 2017 (maximum 5%). By applying for this rate we certify that we are in compliance regarding the submission of all Final Grant Report(s) and our organization’s latest Audit Report.

Signature: Date:

Name (typed): Title:

***For Department use only:***

 ***All prior Final Reports appear to be filed (Y / N) Signed:***

 ***Date:***

 ***Latest Audit Report on file (Y / N) Signed:***

 ***Date:***

***Entity approved for a maximum rate of % for grants issued by the Massachusetts Department of Elementary and Secondary Education for Fiscal Year 2017.***

***Signed:***

 ***Date:***

***This form is NOT to be changed in any way by the applying entity. ANY changes will invalidate the application and no action will be taken or any notification will be made by the Department.***