

## **Certification of Indirect Cost Rate**

This certification is to provide assurance that the Indirect Cost Rate (ICR) was calculated in accordance with applicable cost principles contained in the Federal Acquisition Regulations (FAR), 48 Code of Federal Regulations (CFR) Part 31.

| Consultant Information  |                    |        |           |  |  |
|-------------------------|--------------------|--------|-----------|--|--|
| Legal Business Name:    | Federal ID Number: |        |           |  |  |
| Company Street Address: | City:              | State: | Zip Code: |  |  |
| Email Address:          | Telephone Number:  |        |           |  |  |
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ICR Office: ICR Field: ICR Determination Date:

Fiscal Period Covered: to

- I, the undersigned, certify that I have reviewed the ICR calculation for the fiscal period specified above and to the best of my knowledge and belief:
  - 1) All costs included to establish the ICR are allowable in accordance with the cost principles of the FAR, 48 CFR Part 31.
  - 2) This ICR does not include any costs that are expressly unallowable under the cost principles of 48 CFR Part 31.
  - 3) All known material transactions or events that have occurred affecting the firm's ownership, organization, and ICR have been disclosed.

| Certifying Official |               |                           |                         |  |  |  |
|---------------------|---------------|---------------------------|-------------------------|--|--|--|
| Executive Title:    | President     | Vice President/Equivalent | Chief Financial Officer |  |  |  |
|                     | Other Executi | ve Title:                 |                         |  |  |  |
| Name (Print):       | Signature:    |                           |                         |  |  |  |
| Date:               |               |                           |                         |  |  |  |