Attachment VII

**CERTIFICATE OF INDIRECT COSTS**

I have reviewed the indirect cost proposal dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This is to certify that:

1. All costs included in the proposal submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to establish provisional, final, or fixed indirect cost rates for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are allowable in accordance with the requirements of our contracts to which they apply, and with the Federal Cost principles: i.e. please check those applicable cost principles.

\_\_\_\_\_\_\_\_\_ 2 CFR Part 230 Cost Principles for Non-Profit Organizations

\_\_\_\_\_\_\_\_\_ Federal Register, Appendix IV to part 200

1. This process does not include any costs with are unallowable under applicable Federal cost principles. For example:

Advertising, contributions and donations, bad debts, entertainment costs, fines and penalties, general government expenses, and defense of fraud proceedings.

1. The requirements standards on lobbying cost for non-profit (Federal Register) and commercial (FAR) organizations have been complied with for the fiscal year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. All costs included in this proposal are properly allocable to Substance Abuse Prevention and Control contracts on the basis of a beneficial or causal relationship between the expenses incurred and the agreement to which they are allocated in accordance with applicable Federal cost principles.

Subject to the provisions of the Program Fraud Civil Remedies Act of 1986, (31 USC3801 et seq.), and the Department of Labor’s implementing regulations, (29 CFR Part 22), the False Claims Act (18 USC 287 and 31 USC 3729), and the False Statements Act (18 USC 1001), I declare to the best of my knowledge the foregoing is true and correct.

Agency: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_