



**State of Arizona
Department of Education**

Grants Management



Request for Indirect Cost Rate

CTDS:

LEA Name:

Address:

City:

State:

Zip:

Contact:

Title:

Which Indirect Cost Rate would you like to Request? (select all that apply)

Unrestricted

Restricted

Indirect Cost Report must be complete and submitted with this form.

By signing the Request for Indirect Cost Rate, I certify that the statements and all documentation herein are true, complete, and accurate to the best of my knowledge. I also agree to comply with all applicable Federal regulations and State statutes. ADE reserves the right to verify any and/or all submitted documentation on the Indirect Cost Report via an audit to ensure the data supplied is accurate.

Signature of Business Manager or Higher

Date

Submit completed request and workbook to IndirectCosts@azed.gov

Diane M. Douglas, Superintendent of Public Instruction

1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-5460 • www.azed.gov