Calculation for **FINAL** rate

This calculation sheet requires listing for **ONE single department**. If there is more than one department, please complete an additional Calculation Sheet, and list the additional department(s) below. (All Local Government Agency divisions, departments or segments must have an approved indirect cost rate prior to billing for and being reimbursed the costs.)

Please list the actual department name: _____

Indirect Cost Categories

Populate the fields below. The grey area are calculation fields, do not populate.

(Note, only Direct Salary & Wages are calculated in the Direct field column.)

	Cost Category	Description	Applicable Group	Direct(Salary-Wage)	Indirect Cost	Unallowable Cost
01			All Staff			
02			All Staff			
03			All Staff			
04			All Staff			
05			All Staff			
06			All Staff			
07			All Staff			
08			All Staff			
09			All Staff			
10			All Staff			
11			All Staff			
12			All Staff			
13			All Staff			
14			All Staff			
15			All Staff			
16			All Staff			

	Cost Category	Description	Applicable Group	Direct(Salary-Wage)	Indirect Cost	Unallowable Cost
17			All Staff			
18			All Staff			
19			All Staff			
20			All Staff			
21			All Staff			
22			All Staff			
23			All Staff			
24			All Staff			
25			All Staff			
26			All Staff			
27			All Staff			
28			All Staff			
29			All Staff			
30			All Staff			
31			All Staff			
32			All Staff			
33			All Staff			
34			All Staff			
35			All Staff			
36			All Staff			
37			All Staff			
38			All Staff			
39			All Staff			
40			All Staff			

	Cost Category	Description	Applicable Group	Direct(Salary-Wage)	Indirect Cost	Unallowable Cost
41			All Staff			
42			All Staff			
43			All Staff			
44			All Staff			
45			All Staff			
46			All Staff			
47			All Staff			
48			All Staff			
49			All Staff			
50			All Staff			
51			All Staff			
52			All Staff			
53			All Staff			
54			All Staff			
55			All Staff			
56			All Staff			
57			All Staff			
58			All Staff			
59			All Staff			
60			All Staff			
61			All Staff			
62			All Staff			
63			All Staff			
			Totals:	D 0	A 0	

Fringe Benefits (Optional) - complete the fields below.

	Fringe Benefit Category	Description	Applicable Group	Indirect Cost	Unallowable Cost
01			All Staff		
02			All Staff		
03			All Staff		
04			All Staff		
05			All Staff		
06			All Staff		
07			All Staff		
08			All Staff		
09			All Staff		
10			All Staff		
11			All Staff		
12			All Staff		
13			All Staff		
14			All Staff		
15			All Staff		
16			All Staff		
17			All Staff		
18			All Staff		
19			All Staff		
20			All Staff		
21			All Staff		
22			All Staff		

	Fringe Benefit Category	Description	Applicable Group	Indirect Cost	Unallowable Cost
23			All Staff		
24			All Staff		
25			All Staff		
26			All Staff		
27			All Staff		
28			All Staff		
29			All Staff		
30			All Staff		
31			All Staff		
32			All Staff		
33			All Staff		
34			All Staff		
35			All Staff		
			Do not complete the grey area. Totals: F	0	0

The calculated Indirect Cost Rate.

Do not complete the grey area. ***[Calculation formula: A / D = E]***

Actual Indirect Costs **A**: 0

Actual Direct Salaries & Wages **D**: 0

Calculated Indirect Cost Rate **E**: 0.00%

The calculated Fringe Benefit Rate.

Do not complete the grey area. ***[Calculation formula: F / D = E]***

Actual Fringe Benefit Indirect Costs **F**: 0

Actual Direct Salaries & Wages **D**: 0

Calculated Fringe Benefit Cost Rate (x 100) **E**: 0.00%

I declare that the foregoing is true and correct.

Government Unit: _____

Name of Official: _____ Title: _____

Date: _____ E-mail: _____

Signature*: _____ *(Must be executive, financial officer, or equivalent of agency)

MAKE SURE ALL FIELDS ARE POPULATED BEFORE SIGNING.

Please attached the CIAO Submission Review Application, along with the completed Calculation Sheet(s) and e-mail to: ICAP-ICRP@dot.ca.gov

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