



Submission Review Intake Form

Name of Agency: _____ Tax ID: _____

Effective Fiscal Year: _____ Effective Fiscal Year: From _____ to _____

Type of Agency* (check one): State or Local Government Nonprofit Organization

Department: _____ Agency Acronym: _____

* Caltrans cannot be the cognizant agency for indirect cost to Institutions of Higher Education (IHE) and Indian Tribal Governments. IHEs should refer to Title 2 Code of Federal Regulations (2 CFR) Appendix III to Part 200, C.11.a.1 to determine their cognizant agency for indirect cost. Indian Tribal Governments should refer to 2 CFR Appendix VII, D.11.c to determine their cognizant agency for indirect cost.

SECTION 1— Criteria for Cognizant Agency for Indirect Cost

For State and local governments:

2 CFR Appendix V, paragraph F.1 states in part: "In general, unless different arrangements are agreed to by the concerned Federal agencies, for central service cost allocation plans, *the cognizant agency responsible for review and approval is the Federal agency with the largest dollar value of total Federal awards with a governmental unit...* Once designated as the cognizant agency for indirect costs, the Federal agency must remain so for a period of five years."

In addition, Caltrans will be the cognizant agency for indirect cost for state and local airport, port authorities, and transit.

For nonprofit organizations:

2 CFR Appendix IV, paragraph C.2.a states in part: "Unless different arrangements are agreed to by the Federal agencies concerned, *the Federal agency with the largest dollar value of Federal awards directly funded to an organization will be designated as the cognizant agency for indirect costs* for the negotiation and approval of the indirect cost rates and, where necessary, other rates such as fringe benefit and computer charge-out rates. Once an agency is assigned cognizance for a particular nonprofit organization, the assignment will not be changed unless there is a shift in the dollar volume of the Federal awards directly funded to the organization for at least three years."

SECTION 2 — Determining Cognizant Agency for Indirect Cost

Please list all accounts receivable sources below. The agency with the largest dollar value will be designated as your cognizant agency for indirect cost. **NOTE : Agency can bypass sections 2 and 3 with a current Schedule of Expenditures of Federal Awards.**

| Department/Agency | Total Accounts Receivable |
|--|---------------------------|
| 01 Department of Transportation (Caltrans) | |
| 02 | |
| 03 | |
| 04 | |
| 05 | |
| 06 | |
| 07 | |
| 08 | |
| 09 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |

| Department/Agency | Total Accounts Receivable |
|-------------------|---------------------------|
| 21 _____ | _____ |
| 22 _____ | _____ |
| 23 _____ | _____ |
| 24 _____ | _____ |
| 25 _____ | _____ |
| Total: | _____ |

Please provide supporting document such as Comprehensive Annual Financial Report, or other accounting documentation matching the total accounts receivable during the specified fiscal year.

SECTION 3—Caltrans Funded Projects

Please list all projects funded by Caltrans during the above fiscal year. We will verify and ensure the information below is accurate.

| Federal or State Project Number | Description | Total Expenditure |
|---------------------------------|-------------|-------------------|
| 01 _____ | _____ | _____ |
| 02 _____ | _____ | _____ |
| 03 _____ | _____ | _____ |
| 04 _____ | _____ | _____ |
| 05 _____ | _____ | _____ |
| 06 _____ | _____ | _____ |
| 07 _____ | _____ | _____ |
| 08 _____ | _____ | _____ |
| 09 _____ | _____ | _____ |
| 10 _____ | _____ | _____ |
| 11 _____ | _____ | _____ |
| 12 _____ | _____ | _____ |

| Federal or State Project Number | Description | Total Expenditure |
|---------------------------------|-------------|-------------------|
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |
| 21 | | |
| 22 | | |
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| 28 | | |
| 29 | | |
| 30 | | |
| 31 | | |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |

| Federal or State Project Number | Description | Total Expenditure |
|---------------------------------|-------------|-------------------|
| 36 | | |
| 37 | | |
| 38 | | |
| 39 | | |
| 40 | | |
| 41 | | |
| 42 | | |
| 43 | | |
| 44 | | |
| 45 | | |
| 46 | | |
| 47 | | |
| 48 | | |
| 49 | | |
| 50 | | |
| Total: | | |

Please provide documentation to support all figures indicated in SECTION 2.

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal dated below to establish cost allocations or billings for as identified in page one is allowable in accordance with the requirements of this Part and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Government Unit: _____

Name of Official: _____ Title: _____

Date of Execution: _____ E-mail: _____

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

Please send the following completed forms and supporting documents via e-mail to:

ICAP-ICRP@dot.ca.gov

To better process your request, please provide the following information:

An organization chart sufficiently detailed to show operations including the central service activities of the agency whether or they are shown as benefitting from central service functions.

A copy of the Comprehensive Annual Financial Report (or a copy of the Executive Budget if budgeted costs are being proposed) to support the allowable costs of each central service activity included in the plan.