



State Board of Education

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March 24, 2015

Mr. Michael Burke
Palm Beach County School District
3300 Forest Hill Blvd., Suite. A-306
West Palm Beach, Florida 33406-5869

Your indirect cost proposal for fiscal year 2015-2016 has been reviewed and the restricted rate of 3.06% and unrestricted rate of 15.66% is approved with an effective date of July 1, 2015 through June 30, 2016.

If you have any questions please call Don Crumbliss at (850) 245-9214.

Sincerely,

Matt Kirkland

Matt Kirkland
Chief Comptroller, Bureau of the Comptroller

**DISTRICT SCHOOL BOARD OF PALM BEACH COUNTY
 CERTIFICATION AND REQUEST FOR AUTHORIZED INDIRECT COST RATE
 PLAN A**

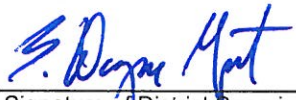
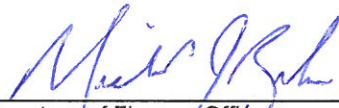
I certify that the information contained herein has been prepared in accordance with the instructions issued by the State of Florida Department of Education, conforms with the criteria in 2 CFR 200, and is correct to the best of my knowledge and belief. No costs other than those incurred by this agency have been included in the indirect cost rate application. The same costs that have been treated as indirect costs have not been and will not be claimed as direct costs, and similar types of costs have been accorded consistent treatment. All expenditures detailed on the application form have been made, and records supporting them have been maintained and are available for audit.

We hereby apply for the following indirect cost rate:

| | |
|---|--------------|
| Federal Programs - Restricted with Carry Forward | <u>3.06%</u> |
|---|--------------|

| | |
|---|---------------|
| Federal Programs - Unrestricted with Carry Forward | <u>15.66%</u> |
|---|---------------|

I further certify that all data on this form are referenced to the District Superintendent's Annual Financial Report to the Florida Commissioner of Education, ESE 145, and other pertinent financial records, for Fiscal Year 2013-2014, in conformance with the manual, Financial and Program Cost Accounting and Reporting for Florida Schools, and that all General Fund and Special Revenue Funds expenditures have been used.


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|--|--|
|  _____ Signature of District Superintendent <u>3/12/15</u> _____ Date Signed |  _____ Signature of Finance Officer <u>3/12/15</u> _____ Date Signed |
|--|--|

Your proposal has been accepted and the following rate approved:

| | |
|---|---------------|
| Federal Programs - Restricted with Carry Forward | <u>3.06 %</u> |
|---|---------------|

| | |
|---|----------------|
| Federal Programs - Unrestricted with Carry Forward | <u>15.66 %</u> |
|---|----------------|

These rates become effective **July 1, 2015, and remain in effect until June 30, 2016**, and will apply to all eligible federally assisted programs as

| | |
|---|--|
|  _____ Signature of Comptroller, Florida Department of Education | <u>3/25/15</u> _____ Date Signed |
|---|--|