

**COUNTY/CITY OF \_\_\_\_\_**  
**DEPARTMENT \_\_\_\_\_**  
**FISCAL YEAR \_\_\_\_\_ / \_\_\_\_\_**  
**AUDITOR CERTIFICATION**

As the responsible officials of the City/County of \_\_\_\_\_, I hereby certify as to form and methodology that the costs and cost categories contained in this attached Indirect Cost Rate Submission for the Fiscal Year ending on 06/30/\_\_\_\_\_ are accurate and consistent with generally accepted accounting principles and prepared in conformance with Office of Management and *Budget 2 CFR Part 200 Uniform Administrative Requirements, Cost principles and Audit Requirements for Federal Awards Final Guidance* (78 FR 78589), formerly known as Budget Circular A-87, and now commonly referred to at the OMB Super Circular. The Super Circular is available at the electronic code of Federal Regulations [website](#).

I further certify that, as to form and methodology: (1) no costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost allocation plan, were included in its indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee/Contractor and allowable under the governing cost principles; (2) the same costs that have been treated as indirect costs have not been claimed as direct costs; and (3) similar types of costs have been accorded consistent accounting treatment

---

---

**Auditor Controller (or Designee):**

---

***Print Name***

---

***Title/Position***

---

***Signature***

---

***Date***

---

***E-mail Address***

---

***Telephone Number***