

CERTIFICATION OF INDIRECT COSTS

Contractor/Consultant Cost Certification in Compliance with FHWA Directive 4470.1A

Firm Name: _____

Fiscal Period Covered (mm/dd/yyyy): _____

Proposed Indirect Cost Rate(s):	Proposed FCCM Rate(s) (if applicable):		
Corporate/Combined Rate: _____ %	_____ %	_____ %	Not applicable
Home Rate: _____ %	_____ %	_____ %	Not applicable
Field Rate: _____ %	_____ %	_____ %	Not applicable

I, the undersigned, attest that the Statement of Direct Labor, Fringe Benefits, and General Overhead (indirect cost rate schedule) and all related notes and supporting schedules were prepared in compliance with Part 31 of the Federal Acquisition Regulation (FAR).¹ Accordingly, all costs included in this proposal to establish final indirect cost rates are allowable in accordance with the cost principles of FAR Part 31, and no costs have been included that are expressly unallowable under the cost principles of FAR Part 31.

All known, material transactions or events affecting the company's ownership, organization, and indirect cost rates have been disclosed. I recognize that the information is submitted for the purpose of allowing the South Carolina Department of Transportation to administer contract(s) with the company. By affixing my signature below, I attest that the financial information and other assertions submitted on the indirect cost rate schedule, the AASHTO ICQ, and related documents are true, accurate, and complete.

Signature of Certifying Official

Date of Certification

Typed or Printed Name of Certifying Official

Title

Telephone Number, including Area Code

Email Address

Note: This form is to be completed by a company officer at a level no lower than a Vice President or Chief Financial Officer, or equivalent, who has the authority to represent the financial information utilized to establish the indirect cost rate proposal submitted in conjunction with the contract.

¹ FAR Part 31 is codified at 48 CFR 31.