**Certification of Election to Charge**

**10% Federal De Minimis Indirect Cost Rate**

Please check appropriate boxes under Non-Profit or Governmental Unit

**Non-Profit:**

This is to certify that to the best of my knowledge and belief:

[ ]  The entity has never received a negotiated indirect cost rate.

**Governmental Unit:**

This is to certify that to the best of my knowledge and belief:

[ ]  The entity has never received a negotiated indirect cost rate; and

[ ]  The entity receives less than $35 million in direct federal funding.

*See: 2 C.F.R. 200.414(f); 2 C.F.R. 200, App. VII paragraph D(1)*

I declare that the foregoing is true and correct.

Name of Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Must be signed by an Authorized Representative)

Name of Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Execution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_