



Janet T. Mills
GOVERNOR

STATE OF MAINE
DEPARTMENT OF TRANSPORTATION
16 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0016

Dale F. Doughty
COMMISSIONER

Certification of Final Indirect Costs

Firm Name: _____

Firm's Fiscal Year End from Report (mm/dd/yy): _____

Indirect Cost Rates to be used on MaineDOT Contracts

INSTRUCTIONS: If your company uses a single rate, then just complete the Indirect Cost Rate line. If using home and/or field rates, just complete the home and field rate lines. All rates must be listed without FCCM included. If voluntarily capping rates, put "voluntarily capped" next to the rate

Indirect Cost Rate (Overhead) Proposed: _____

Home Indirect Cost Rate Proposed: _____

Field Indirect Cost Rate Proposed: _____

Facility's Cost of Capital Rate (FCCM) Proposed (if applicable): _____

I, the undersigned, certify that I have reviewed the proposal to establish final indirect cost (overhead) rates for the fiscal period as specified above and to the best of my knowledge and belief:

- 1) *All cost included in this proposal to establish final indirect cost(overhead) rates are allowable in accordance with the cost principles of the Federal Acquisition Regulations (FAR) of Title 48, Code of Federal Regulations (CFR), Part 31 and follow the guidance provided in the American Association of State Highway and Transportation Officials (AASHTO) Uniform Audit and Accounting Guide.*
- 2) *This proposal does not include any costs which are expressly unallowable under the cost principles of the FAR (48 CFR 31).*
- 3) *Have knowledge of what an expressly unallowable cost is under the FAR regulations.*

All known material transactions or events that have occurred since the last Certification of Final Costs that effect the firm's ownership, organization, or indirect cost (overhead) rates have been disclosed.

Note: The person who certifies the indirect cost (overhead) rate(s) must be an executive of the firm who has responsibility for this subject matter.

Signature: _____

Name of Certifying Official (Print): _____

Title: _____

Date of Certification (mm/dd/yyyy): _____