

Provider Letterhead

I hereby certify that, to the best of my knowledge and belief, the established indirect cost rate of _____% being used by _____ **[name of organization]**, accurately corresponds with the books and records of this agency; that it corresponds with the Schedule of Indirect Cost Rate examined and opined to be presented in accordance with the applicable instructions within the City of New York Health and Human Services Cost Policies and Procedures Manual, in all material respects, by our independent Certified Public Accountant; that it has been accepted by the City Implementation Team (led by the Mayor's Office of Contract Services and Office of Management and Budget); and that the expenditures that support these indirect costs have not, and will not, be claimed for reimbursement as direct costs under any other invoice or on any other line item submitted to the City of New York or its Agencies.

DYCD ID# _____

Invoiced Amount Requested _____

Service Period Dates _____ FY _____

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Name

(Print)

Title

Name

(Signature)

Date