FY 2019 CAP Documentation Form

| Name of ADD: | | |
|---|------------------------------------|----------------------|
| Individual Completing Form: | | |
| The plan submitted is: | | |
| Cost Allocation PlanIndi | rect Cost Rate Proposal | Blended Plan |
| NOTE: Some plans may be blended and have and an Indirect Cost Rate Proposal (ICRP). T and the any additional ICRP elements applical | hese plans should meet all the | . , |
| Please verify these required items are included | d in your CAP or ICRP: | |
| • Introductory Statement explaining the plan | n and any specific information | |
| • Statement assuring the district has board-a | approved operation policies | |
| • Roster of all work elements | | |
| • Chart of Accounts | | |
| Formal books of entry | | |
| • Organization Chart sufficiently detailed to | show operations | |
| • Copy of audited financial statements or Ex | xecutive Budget | |
| Certification of compliance with federal rewith 2CFR Part 200 | equirements, including reference | e to compliance |
| • A brief description of each allocated centra | al service/shared costs | |
| • Identification of unit rendering allocated/s | shared service and operations re | eceiving the Service |
| • Items of Expense included in cost of alloc | ated/shared services (allowable | per 2CFR Part 200) |
| • Description of method used to distribute c | osts to all benefiting cost object | tives |
| No changes in methodology of allocation | on or classification of costs from | m our FY 2018 CAP |
| Changes from FY 2018 CAP are as spec | cified (additional pages may be | used if necessary) |
| | | |
| Signature | Printed 1 | Name |
| Date | Title | 2 |