

**Indian Health Service Contract Support Costs
Certification of Program Income Expenditures for FY/CY**

I hereby certify that:

1. The statements herein are provided in good faith and I am authorized to certify this document on behalf of the _____ (T/TO).
2. This FY/CY _____ Certification reflects program income expenditures that the T/TO believes the Federal Government should use to calculate Contract Support Costs.
3. All program income expenditures meet the general purposes of the contract or compact as set forth in 25 U.S.C. § 5325(m) and 25 U.S.C. § 1641.
4. I have reviewed the total expenditures identified below and have excluded any costs already included in the indirect cost pool used for the T/TO's indirect cost rate and where applicable, costs already compensated in the T/TO's 105(l) lease agreement(s).
5. The award of Contract Support Costs, based in part on information included in this certification, is subject to negotiation by the Indian Health Service (IHS) and the T/TO. Nothing in this certification should be construed to be a proposal under 25 U.S.C. § 5321.
6. I acknowledge these amounts may be adjusted per the Indian Self-Determination and Education Assistance Act and the current *Indian Health Manual* "Contract Support Costs" - Chapter 3 - Contract Support Costs | Part 6 (ihs.gov).

FY/CY Certification	
A. Is this an estimate or final reconciliation?	
B. Total Expenditures of Program Income for FY/CY	
C. Total Passthroughs and Exclusions associated with Program Income Expenditures (if applicable):	
D. Total Program Income Direct Cost Base (TDC; or Salaries; or Salaries/Fringe):	
E. What documentation is being used to support the amounts included and statements made herein? (e.g., Negotiated Indirect Cost Rate Agreement, Single Audit, General Ledger, Approved Budget, or other data)	
F. Does the T/TO serve ineligible non-Indians under 25 U.S.C. § 1680c(c)(2) - (Yes or No)	
1. Are services funded by Program Income only available to beneficiaries (i.e., not those authorized by 25 U.S.C. § 1680c(c)(2)?) (Yes or No)	
2. Have program costs increased (i.e., additional providers hired, new space added, etc.) due to serving ineligible non-Indians under 25 U.S.C. § 1680c(c)(2)? (Yes or No)	

I certify that the above statements are true to the best of my knowledge, information, and belief.

Authorized Representative
[Name of Tribe/Tribal Organization]

Date

This form can be used in both the initial negotiation for a fiscal period (using estimated amounts), as well as the separate reconciliation process (for which verifiable actual cost amounts must be used). While the form will be used for discussion purposes, the Agency may make any inquiries necessary to ensure expenditures comply with the ISDEAA.