**10% De Minimis Decline Acknowledgement Form**

I hereby confirm that (name of the Provider)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not have an approved federally recognized indirect cost rate applicable for the period of [Insert budget period]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and understand that if no rate exists, that a de minimis indirect cost rate as defined in §200.414 of the Uniform Guidance in the amount of ten percent (10%) is available.

(Name of Provider)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ voluntarily **declines** the ten percent (10%) de minimis indirect cost rate and confirms **\_\_\_\_\_\_ % percentage** as the rate to be claimed in the budgets for the following contracts (please list all contracts) that are applicable for the following budget period(s):

|  |  |
| --- | --- |
| ***Program Area*** | ***Contract#*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |