Indirect Cost Rate Questionnaire

The Indirect Cost Rate Questionnaire (ICRQ) is required for current and potential HHS Contractors that receive grant funding (grantees) to initiate the use or approval of an Indirect Cost Rate, or Federally Approved Cost Allocation Plan for HHS System contracts. Applicants should complete all questions unless instructed to skip forward.

Section 1. Grantee Information	
Legal Name of Entity:	
Texas Identification Number (TIN):	Organization Fiscal Year End Date:
Point of Contact Name:	Point of Contact Title:
Point of Contact Phone:	Point of Contact E-mail:

Section 2. State of Texas Grant History	
1. Has the organization ever received a grant from a State of Texas agency **in the past**?	
☐ Yes Using the check boxes below, indicate whether the underlying funds were from a Federal entity, State entity, or both. ☐ Federal ☐ State ☐ Both	☐ No

Section 3. Request *de minimis* Indirect Cost Rate	
If eligible, would the organization like to request the 10% *de minimis* Indirect Cost Rate?	
☐ Yes	☐ No

Section 4. Request Reimbursement for Indirect Costs	
If eligible, does the organization wish to request reimbursement for indirect costs?	
☐ Yes	☐ No *The organization has indicated that indirect costs reimbursement from HHS is not applicable at this time for all HHS System Contracts. No further information is needed.* **Skip to Section 7. Signature**

Section 5. Federal ICR Information	
1. Does the organization have a **current** ICR approved by any federal cognizant agency or a federally approved cost allocation plan?	
☐ Yes Expiration Date: **Include the federal approval letter when submitting this form.** **Skip to Section 7. Signature**	☐ No

Section 5. Federal ICR Information (cont.)	
2. Has the organization had an ICR approved by any federal cognizant agency or a federally approved cost allocation plan **in the past**?	
☐ Yes **Include the most recent expired federal approval letter when submitting this form.**	☐ No
3. Is the organization applying for a new federal indirect cost rate or seeking a new federally approved cost allocation plan?	
☐ Yes	☐ No

Proceed to Section 6: State ICR Information

Section 6. State of Texas ICR Information	
1. Does the organization have a **current** ICR approved by any State of Texas agency?	
☐ Yes Expiration Date: **Include the State approval letter when submitting this form.** **Skip to Section 7. Signature**	☐ No

Section 6. State ICR Information (cont.)	
2. Has the organization had an ICR approved by any State of Texas agency **in the past**?	
☐ Yes **Include the most recent expired State approval letter when submitting this form.**	☐ No
3. Is any State of Texas agency **currently** reimbursing the organization for indirect costs?	
☐ Yes List the most recent State of Texas agencies that are reimbursing your organization for indirect costs.	☐ No
4. Has any State of Texas agency reimbursed the organization for indirect costs on any grant award **in the past**?	
☐ Yes List the most recent State of Texas agencies that reimbursed your organization for indirect costs in the past.	☐ No

Section 7. Signature of Organization Representative	
Printed Name:	Signature:
Title:	Date of Execution: