**Cost Allocation Plan Certification**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief that:

(1) the information contained in the Plan dated **[insert month, day, year]** was prepared in accordance with 2 CFR 225 (formerly OMB Circular A-87),

(2) the costs have been accorded consistent treatment in accordance with generally accepted accounting principles,

(3) an adequate accounting and statistical system exists to support claims that will be made under the Plan,

(4) the information provided in support of the Cost Allocation Plan is accurate, and

(5) all federally unallowable costs have been excluded from allocations.

I declare that the foregoing is true and correct.

| Name of Organization: |   |
| --- | --- |
| Signature: |   |
| Name of Official (printed): |   |
| Title: |   |
| Date of Execution: |   |