

Exhibit 1305

CERTIFICATION OF ADMINISTRATIVE EXPENSE CLAIMS

County of _____

Countywide Cost Allocation Plan FY _____

List all social services/human services budget units claimed on the administrative expense claim:

I certify that controls are in place to ensure cost plan charges that were actually billed during the year are either applied to reduce allocated cost plan expenditures or are not claimed as direct expenditures.

I declare that the foregoing is true and correct.

Signature: _____

Date: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Note: This certification must be signed by the county staff member responsible for filing claims for reimbursement of 2 CFR Part 200 indirect costs.