



Texas Health and Human Services System

Indirect Costs Rate (ICR) Questionnaire

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. Grantees should complete all questions unless instructed to skip forward. This form and any requested attachments must be submitted through the Contract Oversight and Support (COS) Landing Page for Grantees.

LINK: <https://texashhs.secure.force.com/GranteeLandingPage/>

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 ?	
<input type="checkbox"/> Yes Using the check boxes below, indicate whether the underlying funds were from a Federal entity, State entity, or both. <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Both	<input type="checkbox"/> 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

No

Expiration Date:

Include the federal approval letter when submitting this form.

Skip to Section 7. Signature

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?**

<input type="checkbox"/> Yes Include the most recent expired federal approval letter when submitting this form.	<input type="checkbox"/> No
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3. Is the organization applying for a new federal indirect cost rate or seeking a new federally approved cost allocation plan?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?

<input type="checkbox"/> Yes Expiration Date: Include the State approval letter when submitting this form. Skip to Section 7. Signature	<input type="checkbox"/> No
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Section 6. State ICR Information (cont.)

2. Has the organization had an ICR approved by any State of Texas agency **in the past**?

<input type="checkbox"/> Yes Include the most recent expired State approval letter when submitting this form.	<input type="checkbox"/> No
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3. Is any State of Texas agency **currently** reimbursing the organization for indirect costs?

<input type="checkbox"/> Yes List the most recent State of Texas agencies that are reimbursing your organization for indirect costs.	<input type="checkbox"/> No
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4. Has any State of Texas agency reimbursed the organization for indirect costs on any grant award **in the past**?

<input type="checkbox"/> Yes List the most recent State of Texas agencies that reimbursed your organization for indirect costs in the past.	<input type="checkbox"/> No
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Section 7. Signature of Organization Representative

Printed Name:	Signature:
Title:	Date of Execution: