

Attachment H: Indirect Cost Questionnaire

FOR NON-CHB APPLICANTS ONLY

Background

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs are a portion of any grant awarded, not in addition to the grant award.

Instructions

Please complete the information below and return this form as part of the application.

1. **Name of applicant agency:** _____
2. **Are you requesting an indirect rate?**
Yes No
3. **Do you have an approved Indirect Cost Rate Agreement with a Federal agency?**
Yes and that is the rate being requested. Please submit a copy of your current rate with this completed form.
Yes but requesting a rate different from our Federally approved rate: _____
No – Please continue completing the rest of this form.
4. **Non-federal indirect rate being requested:** _____
Up to 15% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for State funds.
5. **Please list the expenses included in your indirect cost pool below, or attach a copy of your current indirect cost allocation plan to this form.**

INDIRECT COST QUESTIONNAIRE

Minnesota Department of Health
Child and Family Health Division
Children and Youth with Special Health Needs Section
625 Robert St. N.
P.O. Box 64975
St. Paul, MN 55164
health.cyshn@state.mn.us
www.health.state.mn.us/cyshn

8/15/25

To obtain this information in a different format, call: 651-201-3650