

Item #9d. - CSC Calculation Form for TITLE IV Contractors

Office of Self Governance CONTRACT SUPPORT COST ANALYSIS				
1.	2017			
2.	Name of Tribe:			
<b>IDC Rate Information:</b>				
3.	Distribution Base:			
4.	Type of Rate:			
5.	Current Approved Rate:			
6.	Year Approved:			
7.	Calendar or Fiscal Year:			
		(A)	(B)	(C)
		MTDC	SWF	S&W
<b>Direct CSC Calculation:</b>				
8.	Budgeted Salaries			
9.	National DCSC Rate			
10.	<b>Direct CSC</b> (line 8 multiplied by line 9)			
<b>Indirect CSC Calculation:</b>				
11.	OIP			
12.	OIP- UTB			
13.	Previous Years' OIP awarded in current year			
14.	Total OIP Applicable (sum of lines 11, 12 and 13)			
15.	Less: Exclusions and pass throughs			
16.	Less: CSC Paid			
17.	Total OIP Funds Subject to IDC (line 14 minus lines 15 and 16)			
18.	Direct CSC (from line 10)			
19.	Budgeted Salaries			
20.	Budgeted Fringe			
21.	Total Direct Cost Base (sum of lines 17, 18, 19 and 20)			
22.	Approved IDC Rate (line 5)			
23.	<b>Indirect CSC</b> (line 21 multiplied by line 22)			
24.	<b>Total CSC Requirement</b> (line 10 plus line 23)			
<b>Payments:</b>				
25.	Total CSC Paid			
26.	Total CSC Shortfall (Overpaid) (line 24 minus line 25)			
27.	Comments and Explanations:			
28.	Attachments:			
<b>Signature:</b>				
29.	Authorized Tribal Signature	Typed or Printed Name and Title	Date	Telephone

Pending OMB approval