

**Indian Health Service Contract Support Costs
Certification of Estimated Program Income Expenditures for FY/CY XXXX**

I hereby certify that:

1. The statements herein are provided in good faith and I am authorized to certify this document on behalf of the Tribe/Tribal Organization (T/TO).
2. The requested amount reflects the estimated program income expenditures to which the T/TO believes the Federal Government should calculate Contract Support Costs.
3. All program income expenditures meet the general purposes of the contract or compact as set forth in Title 25 U.S.C. § 5325(m) and Title 25 U.S.C. § 1641.
4. The award of Contract Support Costs, based on this certification, is subject to negotiation by the Indian Health Service (IHS) and the T/TO. Nothing in this certification should be construed to be a proposal under Title 25 U.S.C. § 5321.
5. I acknowledge these numbers are only estimates and may be adjusted per the Indian Self-Determination and Education Assistance Act and the current *Indian Health Manual* “Contract Support Costs” - Chapter 3 - Contract Support Costs | Part 6 (ihs.gov).

FY/CY Period Certifying	
Total Program Income Expenditures for fiscal period :	
Total Passthroughs and Exclusions for the fiscal period associated with Program Income Expenditures:	
What documentation is being used to support the statements made herein? (e.g., Negotiated Indirect Cost Rate Agreement, Single-Audit, General Ledger)	
Does the T/TO serve non-beneficiaries under Title 25 U.S.C. § 1680c(c)(2) (§ 813 Resolution)? (Yes/No)	
What percentage of total encounters or users are for those non-beneficiaries?	

Under penalty of perjury, I certify that the above statements are true to the best of my knowledge, information, and belief.

Authorized Representative
Name of Tribe/Tribal Organization