

**Cost Allocation Plan using [ETA Handbook No. 362](#) - Checklist**  
**OMB Circular A-87 - State & Local Governments**  
**State Workforce Agencies**

1. Submit once unless changes are observed:
  - \_\_\_ 1a. Organizational chart,
  - \_\_\_ 1b. Employee time sheet sample, providing for distribution of hours to direct/indirect functions.
  - \_\_\_ 1c. Cost Policy Statement, describing all accounting policies and narrating in detail the proposed Cost Allocation Plan. This plan must describe the procedures used to identify, measure and allocate all costs to each benefiting activity. This policy must be signed by a duly authorized official.
  
2. A Cost Allocation Plan providing the following schedules:
  - \_\_\_ 2a. Personnel Costs Worksheet, including fringe benefits breakdown.
  - \_\_\_ 2b. Allocation of Personnel Worksheet, providing indirect/direct time charges.
  - \_\_\_ 2c. Fringe Benefits Worksheet, if fringes are not directly and indirectly identified.
  - \_\_\_ 2d. Statement of Total Costs, segregated between the indirect and direct costs incurred by line item of expense (salaries, fringes, rent, etc.), identified by Federal agency, specific government grant, contract, and other non-Federal activities.  
Note that the allocation base and the amount of A&ST costs allocated to each funding source should be identified.
  
3. \_\_\_ Financial statements (audited if available) for the applicable fiscal year. Approved budget for provisional proposal, if needed. Note: The Statement of Total Costs (2d. above) must reconcile to Financial Statements. If not, please provide a reconciliation statement.
  
4. \_\_\_ Signed and dated Certificate of Indirect Costs (sample form is provided in the DCD website).
  
5. \_\_\_ A listing of grants and contracts by all funding sources, total dollar amount, period of performance, and the indirect cost limitations (if any) applicable to each, such as amounts restricted by administrative or statutory regulations, applicable to the period(s) of the proposal(s). This listing should also be supported by the approved Federal grant or contract notification award(s).
  
6. \_\_\_ A schedule listing any funding sources excluded from A&ST allocations and the reasons for the exclusions.
  
7. \_\_\_ Copy of HHS approved SWCAP, if SWCAP costs are allocated to federal programs.
  
8. \_\_\_ A list of all non-UI programs that utilize the UI tax collection system. A separate tax sharing agreement must be negotiated prior to the collection of non-UI funds using the UI tax collection system.
  
9. \_\_\_ Support for the budgetary rate calculation, if a rate is requested.