## Hospital Indirect Cost Proposal (HICP) Checklist

(Check Off Boxes Below)

1. The HICP is supported by the Medicare Cost Report: (Please include a copy with your HICP.)
   - Worksheet S, Part I - Cost Report Certification
   - Worksheets A, A-6, A-8, B-Part I, B-1 (Indirect Cost Proposal)
   - Worksheets S-3, Part I, C-Part I & D-1, Part II (Additional requirements for Patient Care Proposals)

2. A reconciliation of item 1 (above) to the HICP has been made and is included in this proposal. Also included is a detailed breakdown of Administrative and General Costs.

3. Any previous understandings with the Cost Allocation Services have been incorporated into this HICP.

4. Unallowable expenses have been eliminated from the indirect cost pool (e.g., fund-raising, malpractice insurance, admitting and medical billing costs, interns/residents, public relations, nursing school costs and marketing costs).

5. The indirect cost rate computation base is complete (i.e., it includes all activities that benefit from the indirect cost pool). For example, fund-raising, project cost sharing, etc. are included where applicable.

6. The Federal amount of the direct cost base is $_______________.

7. Treatment of Paid Absences and Fringe Benefit Statements have not changed since the last indirect cost agreement.

8. We have not made any significant changes, during the proposal fiscal year, (i) to our accounting system, or (ii) to the definition or to the accounting treatment of any expense category (e.g., a change in building/equipment costing methodology, a change in charging an expense from direct to indirect or vice versa).

9. The equipment capitalization level during the proposal fiscal year is $_______________.
   - If there was a change from the previous year, effective date of the change _______________.

10. (Update if necessary)
    - Official Name: ______________________________________
    - Title: _______________________________
    - Email: ___________________________________
    - Contact Name: __________________________________
    - Title: _________________________________
    - Email: ___________________________________ Phone #: _____________________________
    - Fax #:__________________________

11. EIN# _____________________

Explanation of any numbered boxes not checked above (continue on back):

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Organization