

**Alaska Housing Finance Corporation  
COST ALLOCATION PLAN**

|                         |                |   |
|-------------------------|----------------|---|
| <b>Name of Grantee:</b> | <b>Grant #</b> | <b>Performance Period:</b><br><b>From:</b> _____ <b>To:</b> _____ |
| <b>Project Title:</b>   |                |   |

A Grantee that is the recipient of other grants or has income from other sources must submit to AHFC a written Cost Allocation Plan (CAP) which fairly allocates shared costs between the subject grant project and non-grant activities. The CAP must explain the logic and methodology of identifying, measuring, and allocating expenses among the Grantee’s activities, programs, and/or departments, as appropriate. The allocation may not result in payments to the Grantee from all funding sources which exceed the amount owed for such expenses. Any change in the cost allocation must be approved in writing by AHFC. (15 AAC 154.776.)

**NO PAYMENTS WILL BE MADE UNTIL THE COST ALLOCATION PLAN IS APPROVED BY AHFC.**

*If expenses under any of the following cost categories will be charged to this grant, they must be addressed in the CAP:*

- A. General overhead of the Grantee, contractors, or subcontractors;
- B. Managerial, administrative or support personnel costs;
- C. Direct service/production personnel, *if time is charged to this grant and to non-grant activities;*
- D. Any costs that are not directly attributable to the delivery of this grant’s purpose and scope; and/or
- E. All costs funded by this grant, *if the grant funds more than one activity, program, or department.*

Explain the Cost Allocation Plan here, or attach the CAP. The attachment must provide evidence that it is the Grantee’s duly authorized Cost Allocation Plan such as appearing on Grantee letterhead, signed by the Executive Director or in an email from a duly authorized representative of Grantee. Reference attachments by title and date within this box.

I certify the above and/or attached information accurately represents the Cost Allocation Plan for the above captioned grant according to 15 AAC 154.776.

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Grantee Executive Director or Designee (Memo Attached) Signature Date

**APPROVED:**

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AHFC Grant Management Officer Signature Date