CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Helena, MT 59620-2501		Due May 61, 2000				
Legal Entity #	School Dist. #	School Name		County	Level	
0519	1	Troy Elem		27	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory or a submitted for the electory over the complete.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been sof costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
•			Box 867			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Troy	5	9935	
Title			Date	"		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	07	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Legal Entity #	School Dist. #	School Name		County	Level
0520	1	Troy H S		27	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X	(X%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory or and the complete and				-
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
I declare that the foregoing is true and correct.					
Signature of District Superintendent or Board Street Address or P.O. Box					
Signature of Distri			Street Address	or P.O. Box	
Signature of Distri Chairperson	ct Superintendent or		Street Address of Box 867	or P.O. Box	
Signature of Distri	ct Superintendent or				ip Code
Signature of Distri Chairperson	ct Superintendent or		Box 867	Zi	ip Code 9935
Signature of Distri Chairperson	ct Superintendent or		Box 867 City	Zi	•
Signature of Distri Chairperson Printed Name of A Title Send com	uthorized Official upleted form to: School Accounting office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction	Box 867 City Troy Date	Z i	9935
Signature of Distri Chairperson Printed Name of A Title Send com	uthorized Official upleted form to: School Accounting office of Public Inst PO Box 202501	and Budgeting ruction	Box 867 City Troy Date	Z i	9935
Signature of Distri Chairperson Printed Name of A Title Send com	uthorized Official upleted form to: School Accounting office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction -2501 R THE SUPERINTE	Box 867 City Troy Date	Z i	9935

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

	lelena, MT 59620-2501		Due May 31, 2006			
Legal Entity #	School Dist. #	School Name		County	Level	
0522	4	Libby K-12 School	S	27	K12	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
	Complete and submit woe submitted for the election of your rate.		• •		-	
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are postween the expenses plicable requirements. In the das direct costs. In the library will be the proposed in the core of the proposed in the proposed i	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently	
	ict Superintendent or		Street Address			
Printed Name of A	uthorized Official		724 Louisiana Av		Zip Code	
			Libby	5	59923	
Title			Date	1		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	007	Date Approved			
		,	Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Helena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level
0527	13	Eureka Elem		27	EL
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit w be submitted for the ele roval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the ir lief:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requiremoles for State and Local in the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar /e been adju	nd OMB Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	oregoing is true and cor				
Signature of Distr Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box	
			PO Box 2000		
Printed Name of A	Authorized Official		City	2	ip Code
			Eureka	5	9917
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Ą	oproved Rate for FY20	07	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

П	elena, IVIT 39020-2301				
Legal Entity #	School Dist. #	School Name		County	Level
0528	СО	Lincoln County H S	S	27	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	(%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:				
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
I declare that the for	regoing is true and cor	rect.			
_	ct Superintendent or	Board	Street Address	or P.O. Box	
Chairperson			PO Box 2000		
Printed Name of A	uthorized Official		City	Ziŗ	o Code
			Eureka	59	917
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	TION BY:
Apı	proved Rate for FY20	07	Date Approved		
			Signature		
		l			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

H	elena, MT 59620-2501		Due May 31, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
0529	14	Fortine Elem		27	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship I accordance with apphave not been claim	d in the proposal are potential between the expenses plicable requirements. The das direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been of costs have be	they are allower treated as een accounted	ocated in indirect costs ed for consistently	
I declare that the for	regoing is true and cor	rect.				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Chairperson			Box 96			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Fortine	5	9918	
Title			Date			
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ap	proved Rate for FY20	07	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Helena, MT 59620-2501		Due May 61, 2000				
Legal Entity #	School Dist. #	School Name		County	Level	
0530	15	McCormick Elem		27	EL	
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the elemonal of your rate.					
This is to certify tha knowledge and beli	at I have reviewed the in ief:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Princip	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distriction Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box		
•			1860 Old Highway 2 North			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Troy	5	9935	
Title			Date	1		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	07	Date Approved			
			Signature			

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

D. . . May 24 2000

	о вох 202501 elena, MT 59620-2501		Due May 31, 2006			
Legal Entity #	School Dist. #	School Name		County	Level	
0532	23	Sylvanite Elem		27	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
Signature of Distri	regoing is true and cor ct Superintendent or		Street Address	or P.O. Box		
Chairperson			11784 Yaak Rive	r Road		
Printed Name of A	uthorized Official		City	Z	ip Code	
			Troy	5	9935	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:					
Ар	proved Rate for FY20	07	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Н	elena, MT 59620-2501	_ 33a, 3 ., 2333				
Legal Entity #	School Dist. #	School Name		County	Level	
0533	24	Yaak Elem		27	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	(X%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
•			30117 Yaak River Road			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Troy	5	9935	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	CTION BY:	
Ар	proved Rate for FY20	07	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Helena, MT 59620-2501		Due Way 61, 2000				
Legal Entity #	School Dist. #	School Name		County	Level	
0534	53	Trego Elem		27	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the electory of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box		
•			PO Box 10			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Trego	5	9934	
Title			Date			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	07	Date Approved			
			Signature			