CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

H	elena, MT 59620-2501		•			
Legal Entity #	School Dist. #	School Name		County	Level	
0731	1	Corvallis K-12 Sch	ools	41	K12	
Proposed Restric	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)					
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval 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 and ve been adjus	d 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.						
	regoing is true and cor					
Signature of Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Onan person			PO Box 700			
Printed Name of A	uthorized Official		City	Zij	p Code	
			Corvallis	59	828	
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:						
			Date Approved			
Ap	proved Rate for FY20	07				
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

	elena, MT 59620-2501		•	County Level			
Legal Entity #	School Dist. #	School Name		County	Level		
0732	2	Stevensville Elem		41	EL		
Proposed Restric	ted Indirect Cost Rat	ee%	(Round to nearest h	undredth (Χ.)	(X%) of a percent.)		
	Complete and submit vole submitted for the electory or all 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:							
(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	Signature of District Superintendent or Board Street Address or P.O. Box						
он рогоон.							
			300 Park Street				
Printed Name of A	uthorized Official		300 Park Street City	Z	ip Code		
Printed Name of A	uthorized Official				i p Code 9870		
Printed Name of A	uthorized Official		City				
Title	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction	City Stevensville				
Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501	truction 0-2501	City Stevensville Date	5	9870		
Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	0-2501 OR THE SUPERINTE	City Stevensville Date	5	9870		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Н	elena, MT 59620-2501		2 0.0 11.0.9 0 1	,,			
Legal Entity #	School Dist. #	School Name		County	Level		
0733	2	Stevensville H S		41	HS		
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 or rate.						
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 /e been adju	nd OMB Circular		
casual relationship l accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as 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 so of costs have be	they are allower treated as seen accounted	ocated in indirect costs ed for consistently		
	regoing is true and cor						
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box			
·			300 Park Street				
Printed Name of A	uthorized Official		City	Z	ip Code		
			Stevensville	5	9870		
Title			Date	<u>, </u>			
Send com	npleted form to: School Accounting of 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:		
Ар	proved Rate for FY20	07	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

H	elena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level	
0735	3	Hamilton K-12 Sch	ools	41	K12	
Proposed Restric	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)					
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval 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:						
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(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 Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Onan person			217 Daly Avenue	1		
Printed Name of A	uthorized Official		City	Zi	p Code	
			Hamilton	59	840	
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:						
			Date Approved			
App	proved Rate for FY20	07	, , , , , , , ,			
			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		
0738	7	Victor K-12 School	ls	41	K12		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval 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:							
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casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.		incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently		
	regoing is true and cor ct Superintendent or		Street Address	or P.O. Box			
•			425 4th Avenue				
Printed Name of A	uthorized Official		City	Zi	p Code		
			Victor	59	9875		
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	LIC INSTRUC	TION 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	
0740	9	Darby K-12 School	S	41	K12	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval 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:						
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casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.		incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
Signature of Distri	regoing is true and cor ct Superintendent or		Street Address	or P.O. Box		
Chairperson			209 School Drive	;		
Printed Name of A	uthorized Official		City	Zi	p Code	
			Darby	59	829	
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 INSTRUC	TION BY:	
Ар	proved Rate for FY20	07	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Н	elena, MT 59620-2501		Due May 01	51, 2000			
Legal Entity #	School Dist. #	School Name		County	Level		
0741	13	Lone Rock Elem		41	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)		
	Complete and submit wo submitted for the electory or an arms.						
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 ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allower treated as een accounted	ocated in indirect costs ed for consistently		
	regoing is true and cor						
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box			
•			1112 Three Mile				
Printed Name of A	uthorized Official		City	Z	ip Code		
			Stevensville	5	9870		
Title			Date	<u> </u>			
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

Н	elena, MT 59620-2501		_ ac may c .	.,			
Legal Entity #	School Dist. #	School Name		County	Level		
0743	15-6	Florence-Carlton K	-12 Schls	41	K12		
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 the co						
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	o the best of my		
allowable in accorda A-87, "Cost Principl	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 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 ag Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allower treated as seen 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			
<u> </u>			5602 Old Highwa				
Printed Name of A	uthorized Official		City	Z	Zip Code		
			Florence	5	9833		
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 PUBI	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20	07	Date Approved				
			Signature				