



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0731	1	Corvallis K-12 Schools	41	K12

**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:

(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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 700	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Corvallis	59828
<b>Title</b>	<b>Date</b>	

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:**

<b>Approved Rate for FY2008</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Due May 31, 2007

<b>Legal Entity #</b> 0732	<b>School Dist. #</b> 2	<b>School Name</b> Stevensville Elem	<b>County</b> 41	<b>Level</b> EL
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**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b> 300 Park Street	
<b>Printed Name of Authorized Official</b>	<b>City</b> Stevensville	<b>Zip Code</b> 59870
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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<b>Approved Rate for FY2008</b>	Date Approved
	Signature



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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0733	2	Stevensville H S	41	HS

**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.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	300 Park Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Stevensville	59870
<b>Title</b>	<b>Date</b>	

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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0735	3	Hamilton K-12 Schools	41	K12

**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.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	217 Daly Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hamilton	59840
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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<b>Approved Rate for FY2008</b>	Date Approved
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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0738	7	Victor K-12 Schools	41	K12

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	425 4th Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Victor	59875
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Due May 31, 2007

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0740	9	Darby K-12 Schools	41	K12

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_% (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	209 School Drive	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Darby	59829
<b>Title</b>	<b>Date</b>	

Send completed form to:  
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	Signature



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## CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0741	13	Lone Rock Elem	41	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_% (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1112 Three Mile Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Stevensville	59870
<b>Title</b>	<b>Date</b>	

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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0743	15-6	Florence-Carlton K-12 Schls	41	K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	5602 Old Highway 93	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Florence	59833
<b>Title</b>	<b>Date</b>	

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