# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Н	elena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level	
0745	5	Sidney Elem		42	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 of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted her	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 the lowable costs have	hey apply ar e been adju	nd OMB Circular	
casual relationship l accordance with ap have not been claim	d in the proposal are potential between the expenses plicable requirements. ned as direct costs. In ablic 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 n treated as en accounte	ocated in indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address of	or P.O. Box		
•			200 3rd Ave SE			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Sidney	5	9270	
Title			Date			
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	IC INSTRUC	CTION BY:	
Ар	proved Rate for FY20	08	Date Approved			
			Signature			

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

H	elena, MT 59620-2501		,			
Legal Entity #	School Dist. #	School Name		County	Level	
0746	1	Sidney H S		42	HS	
Proposed Restric	ted Indirect Cost Rate	e% (R	lound to nearest hu	ındredth (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:						
allowable in accorda A-87, "Cost Principle	(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 Distriction Chairperson	ct Superintendent or	Board	Street Address o	r P.O. Box		
·		2	00 3rd Ave SE			
Printed Name of A	uthorized Official	C	City	Z	ip Code	
		S	idney	59	9270	
Title			ate			
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 SUPERINTEN	DENT OF PUBLI	C INSTRUC	CTION BY:	
Ар	proved Rate for FY20		Pate Approved			

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Н	lelena, MT 59620-2501	Duc May 01, 2007				
Legal Entity #	School Dist. #	School Name		County	Level	
0747	7J	Savage Elem		42	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the electory or an armon to submitted for the electory oval 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 accordance A-87, "Cost Principle	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 of addition, similar type	reements to which osts that have been so of costs have be	they are allowed they are allowed the second the second to the second the sec	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 110			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Savage	5	9262	
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	08	Date Approved			
			Signature			

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Н	elena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level	
0748	2	Savage H S		42	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (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 tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda	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	award(s) to which t Illowable 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 soft costs have be	they are allower treated as een accounted	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>			Box 110			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Savage	5	9262	
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	08	Date Approved			
			Signature			

# Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

D. . . May 24 2007

	о вох 202501 elena, MT 59620-2501		Due May 31, 2007				
Legal Entity #	School Dist. #	School Name		County	Level		
0749	11	Brorson Elem		42	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.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 and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been soft costs have been soften been something.	they are allo en treated as een accounte	ocated in indirect costs ed for consistently		
	ct Superintendent or		Street Address	or P.O. Box			
Printed Name of A	uthorized Official		PO Box 145 City	Z	ip Code		
			Sidney	5	9270		
Title			Date	L			
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	CTION BY:		
Ар	proved Rate for FY20	08	Date Approved				
			Signature				

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Legal Entity #	School Dist. #	School Name	County	Level		
0750	13	Fairview Elem	42	EL		
Proposed Restric	ted Indirect Cost Rate	<b>e</b> % (Round to r	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 Principl	(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 Distri	regoing is true and cor ct Superintendent or		Idress or P.O. Box	ζ		
Signature of Distri Chairperson	ct Superintendent or			4		
Signature of Distri	ct Superintendent or	Board Street Ac	67	Zip Code		
Signature of Distri Chairperson	ct Superintendent or	Board Street Ac PO Box 4	67			
Signature of Distri Chairperson	ct Superintendent or	Board Street Ad PO Box 4 City	67	Zip Code		
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	PO Box 4 City Fairview Date  and Budgeting cruction -2501	67	<b>Zip Code</b> 59221		
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	Board  PO Box 4 City Fairview Date  and Budgeting cruction -2501  R THE SUPERINTENDENT O	F PUBLIC INSTRU	<b>Zip Code</b> 59221		
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	Board  PO Box 4 City Fairview Date  and Budgeting ruction -2501  R THE SUPERINTENDENT O  Date App	F PUBLIC INSTRU	<b>Zip Code</b> 59221		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Н	elena, MT 59620-2501	, , , , , , , , , , , , , , , , , , , ,				
Legal Entity #	School Dist. #	School Name		County	Level	
0751	3	Fairview H S		42	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 over the complete the co					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	oosal 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	award(s) to which t Illowable costs hav	they 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 costs that have been ses of 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	ct Superintendent or	Board	Street Address	or P.O. Box		
<u> </u>			PO Box 467			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Fairview	5	9221	
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:	
Ар	proved Rate for FY20	08	Date Approved			
			Signature			

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

_ н	elena, MT 59620-2501		Duc May 01, 2001				
Legal Entity #	School Dist. #	School Name		County	Level		
0754	21	Rau Elem		42	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)		
	Complete and submit wo submit wo submitted for the electory oval of your 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	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	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 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 Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box			
•			12138 County Ro				
Printed Name of A	uthorized Official		City	Z	Zip Code		
			Sidney	5	9270		
Title			Date	1			
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	IC INSTRU	CTION BY:		
Ар	proved Rate for FY20	08	Date Approved				
			Signature				

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2007-2008

Helena, MT 59620-2501		Due May 61, 2007				
Legal Entity #	School Dist. #	School Name		County	Level	
0769	4	Lambert H S		42	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)	
	Complete and submit woe submitted for the electure oval of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir 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 to which to which to which to which the ward is a second to ward it was a second to which the ward is a second to ward in the ward is a second to ward	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses pplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have beens of costs have be	they are alle en treated as een account	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		
Champerson			Box 260			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Lambert	5	59243	
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	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	08	Date Approved			
			Signature			