



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
0789	3	Birney Elem	44	EL

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 521	
Printed Name of Authorized Official	City	Zip Code
	Birney	59012
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:

Approved Rate for FY2008	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

Legal Entity #	School Dist. #	School Name	County	Level
0790	4	Forsyth Elem	44	EL

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 319	
Printed Name of Authorized Official	City	Zip Code
	Forsyth	59327
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



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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
0791	4	Forsyth H S	44	HS

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	Box 319	
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	Forsyth	59327
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Linda McCulloch,
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity # 0792	School Dist. # 6	School Name Lame Deer Elem	County 44	Level 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box Box 96	
Printed Name of Authorized Official	City Lame Deer	Zip Code 59043
Title	Date	

Send completed form to:
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Office of Public Instruction
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Helena, MT 59620-2501

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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
0794	12	Rosebud Elem	44	EL

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 38	
Printed Name of Authorized Official	City	Zip Code
	Rosebud	59347
Title	Date	

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

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Approved Rate for FY2008	Date Approved
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Office of Public Instruction
Linda McCulloch,
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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
0795	12	Rosebud H S	44	HS

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	Box 38	
Printed Name of Authorized Official	City	Zip Code
	Rosebud	59347
Title	Date	

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Helena, MT 59620-2501

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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
0796	19	Colstrip Elem	44	EL

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 159	
Printed Name of Authorized Official	City	Zip Code
	Colstrip	59323
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:

Approved Rate for FY2008	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

Legal Entity #	School Dist. #	School Name	County	Level
0797	19	Colstrip H S	44	HS

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

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	PO Box 159	
Printed Name of Authorized Official	City	Zip Code
	Colstrip	59323
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2008	Date Approved
	Signature



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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
0800	32J	Ashland Elem	44	EL

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

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 17	
Printed Name of Authorized Official	City	Zip Code
	Ashland	59003
Title	Date	

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

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	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

Legal Entity #	School Dist. #	School Name	County	Level
1230	6	Lame Deer H S	44	HS

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

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 96	
Printed Name of Authorized Official	City	Zip Code
	Lame Deer	59043
Title	Date	

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Helena, MT 59620-2501

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