## 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

Helena, MT 59620-2501		Due May 61, 2007				
Legal Entity #	School Dist. #	School Name		County	Level	
0819	3	Westby K-12 School	ols	46	K12	
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 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 llowable costs hav	they apply and 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 agr Further, the same caddition, similar type	reements to which osts that have beens of costs have be	they are allo en 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		
•			PO Box 109			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Westby	5	9275	
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 PUBI	LIC INSTRU	CTION BY:	
Approved Rate for FY2008		08	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

Helena, MT 59620-2501							
Legal Entity #	School Dist. #	School Name		County	Level		
0822	7	Medicine Lake K-12	2 Schools	46	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.							
	regoing is true and cor						
Signature of Distri	regoing is true and cor ct Superintendent or		Street Address	or P.O. Box			
Signature of Distri Chairperson	ct Superintendent or		PO Box 265 311	Young St			
Signature of Distri	ct Superintendent or			Young St	p Code		
Signature of Distri Chairperson	ct Superintendent or		PO Box 265 311	Young St Zi	p <b>Code</b> 9247		
Signature of Distri Chairperson	ct Superintendent or		PO Box 265 311 City	Young St Zi			
Signature of Distri Chairperson  Printed Name of A  Title	ct Superintendent or	and Budgeting ruction	PO Box 265 311 City Medicine Lake	Young St 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	and Budgeting ruction	PO Box 265 311 City  Medicine Lake Date	Young St Zi	9247		
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	PO Box 265 311 City  Medicine Lake Date	Young St Zi	9247		

## 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

Helena, MT 59620-2501		Bue May 01, 2007				
Legal Entity #	School Dist. #	School Name		County	Level	
0828	20	Plentywood K-12 S	chools	46	K12	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.2	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	erewith 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 llowable costs ha	they apply a 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 agr Further, the same caddition, similar type	reements to which osts that have be as of costs have b	n they are allo en treated as een accounto	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		
•			100 East Laurel			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Plentywood	5	59254	
Title			Date	<u> </u>		
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 PUB	LIC INSTRU	CTION BY:	
Approved Rate for FY2008		08	Date Approved			
			Signature			