



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

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0671	2	Dupuyer Elem	37	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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 149	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dupuyer	594320149
<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 FY2009</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 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0674	10	Conrad Elem	37	EL

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	215 South Maryland	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Conrad	594252017
<b>Title</b>	<b>Date</b>	

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

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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0675	10	Conrad H S	37	HS

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	215 South Maryland	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Conrad	594252017
<b>Title</b>	<b>Date</b>	

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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 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0679	18	Valier Elem	37	EL

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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>	
	PO Box 528	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Valier	59486
<b>Title</b>	<b>Date</b>	

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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2009</b>	Date Approved
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PO Box 202501  
Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0680	18	Valier H S	37	HS

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	PO Box 528	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Valier	59486
<b>Title</b>	<b>Date</b>	

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## CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0684	31	Miami Elem	37	EL

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	417 4th Ave SW	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Conrad	594251904
<b>Title</b>	<b>Date</b>	

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Office of Public Instruction  
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For FY 2008-2009

Due April 30, 2008

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
1226	1	Heart Butte K-12 Schools	37	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>	
	Box 259	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Heart Butte	59448
<b>Title</b>	<b>Date</b>	

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