



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
0802	1	Plains Elem	45	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	
	Box 549	
Printed Name of Authorized Official	City	Zip Code
	Plains	59859
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 FY2009	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
0803	1	Plains H S	45	HS

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	Plains	59859
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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
0804	2	Thompson Falls Elem	45	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	
	PO Box 129	
Printed Name of Authorized Official	City	Zip Code
	Thompson Falls	59873
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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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 # 0805	School Dist. # 2	School Name Thompson Falls H S	County 45	Level HS
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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 PO Box 129	
Printed Name of Authorized Official	City Thompson Falls	Zip Code 59873
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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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
0807	6	Trout Creek Elem	45	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	
	4 School Lane	
Printed Name of Authorized Official	City	Zip Code
	Trout Creek	59874
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 FY2009	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 # 0808	School Dist. # 8	School Name Paradise Elem	County 45	Level EL
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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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box PO Box 126	
Printed Name of Authorized Official	City Paradise	Zip Code 59856
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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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
0809	9	Dixon Elem	45	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	
	PO Box 10	
Printed Name of Authorized Official	City	Zip Code
	Dixon	59831
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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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
0811	10	Noxon Elem	45	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	
	300 Noxon Ave	
Printed Name of Authorized Official	City	Zip Code
	Noxon	59853
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 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0812	10	Noxon H S	45	HS

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	300 Noxon Ave	
Printed Name of Authorized Official	City	Zip Code
	Noxon	59853
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



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
0813	11	Camas Prairie Elem	45	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	781 Montana Highway 382	
Printed Name of Authorized Official	City	Zip Code
	Plains	59859
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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Linda McCulloch,
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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
0814	14-J	Hot Springs Elem	45	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	
	PO Box 1005	
Printed Name of Authorized Official	City	Zip Code
	Hot Springs	59845
Title	Date	

Send completed form to:
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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 2008-2009

Due April 30, 2008

Legal Entity #	School Dist. #	School Name	County	Level
0815	14-J	Hot Springs H S	45	HS

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Title	Date	

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