



Office of Public Instruction  
Denise Juneau,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2009-2010

Due April 30, 2009

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0536	2	Alder Elem	28	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 110	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Alder	59710
<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 FY2010</b>	Date Approved
	Signature



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Denise Juneau,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

Due April 30, 2009

Legal Entity #	School Dist. #	School Name	County	Level
0537	5	Sheridan Elem	28	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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 586	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sheridan	59749
<b>Title</b>	<b>Date</b>	

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

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

Due April 30, 2009

Legal Entity #	School Dist. #	School Name	County	Level
0538	5	Sheridan H S	28	HS

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	PO Box 586	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sheridan	59749
<b>Title</b>	<b>Date</b>	

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Due April 30, 2009

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0540	7	Twin Bridges K-12 Schools	28	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 419	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Twin Bridges	59754
<b>Title</b>	<b>Date</b>	

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

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2009-2010

Due April 30, 2009

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0543	23	Harrison K-12 Schools	28	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>	
	PO Box 7	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harrison	59735
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

Due April 30, 2009

Legal Entity #	School Dist. #	School Name	County	Level
0546	52	Ennis K-12 Schools	28	K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 517	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ennis	59729
<b>Title</b>	<b>Date</b>	

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