



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

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 149	
Printed Name of Authorized Official	City	Zip Code
	Dupuyer	594320149
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 FY2010	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

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0674	10	Conrad Elem	37	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	
	215 South Maryland	
Printed Name of Authorized Official	City	Zip Code
	Conrad	594252017
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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Denise Juneau,
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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
0675	10	Conrad H S	37	HS

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Printed Name of Authorized Official	City	Zip Code
	Conrad	594252017
Title	Date	

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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
0679	18	Valier Elem	37	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 528	
Printed Name of Authorized Official	City	Zip Code
	Valier	59486
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 2009-2010

Due April 30, 2009

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

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	PO Box 528	
Printed Name of Authorized Official	City	Zip Code
	Valier	59486
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 2009-2010

Due April 30, 2009

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0684	31	Miami Elem	37	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	413 2nd Avenue SW	
Printed Name of Authorized Official	City	Zip Code
	Conrad	59425
Title	Date	

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School Accounting and Budgeting
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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
1226	1	Heart Butte K-12 Schools	37	K12

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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 259	
Printed Name of Authorized Official	City	Zip Code
	Heart Butte	59448
Title	Date	

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