



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
0745	5	Sidney Elem	42	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	
	200 3rd Ave SE	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
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



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
0746	1	Sidney H S	42	HS

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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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
0747	7J	Savage Elem	42	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	
	Box 110	
Printed Name of Authorized Official	City	Zip Code
	Savage	59262
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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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
0748	2	Savage H S	42	HS

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	Box 110	
Printed Name of Authorized Official	City	Zip Code
	Savage	59262
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
0749	11	Brorson Elem	42	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 145	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
Title	Date	

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

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Denise Juneau,
Superintendent
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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
0750	13	Fairview Elem	42	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 467	
Printed Name of Authorized Official	City	Zip Code
	Fairview	59221
Title	Date	

Send completed form to:
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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
0751	3	Fairview H S	42	HS

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	PO Box 467	
Printed Name of Authorized Official	City	Zip Code
	Fairview	59221
Title	Date	

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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
0754	21	Rau Elem	42	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	12138 County Rd #350	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
Title	Date	

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PO Box 202501
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
0768	86	Lambert Elem	42	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 260	
Printed Name of Authorized Official	City	Zip Code
	Lambert	59243
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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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
0769	4	Lambert H S	42	HS

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