



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
0774	3	Frontier Elem	43	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	
	6996 Roy St.	
Printed Name of Authorized Official	City	Zip Code
	Wolf Point	59201
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
0775	9	Poplar Elem	43	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.

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 458	
Printed Name of Authorized Official	City	Zip Code
	Poplar	59255
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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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
0776	9B	Poplar H S	43	HS

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	Box 458	
Printed Name of Authorized Official	City	Zip Code
	Poplar	59255
Title	Date	

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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 # 0777	School Dist. # 17J/R	School Name Culbertson Elem	County 43	Level 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 Box 459	
Printed Name of Authorized Official	City Culbertson	Zip Code 59218
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
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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
0778	17C/R	Culbertson H S	43	HS

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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 459	
Printed Name of Authorized Official	City	Zip Code
	Culbertson	59218
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
0780	45	Wolf Point Elem	43	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	
	220 4th Avenue South	
Printed Name of Authorized Official	City	Zip Code
	Wolf Point	59201
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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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
0781	45A	Wolf Point H S	43	HS

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

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	220 4th Avenue South	
Printed Name of Authorized Official	City	Zip Code
	Wolf Point	59201
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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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
0782	55	Brockton Elem	43	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 198	
Printed Name of Authorized Official	City	Zip Code
	Brockton	59213
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
0783	55F	Brockton H S	43	HS

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 198	
Printed Name of Authorized Official	City	Zip Code
	Brockton	59213
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 # 0785	School Dist. # 64D	School Name Bainville K-12 Schools	County 43	Level K12
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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 Box 177	
Printed Name of Authorized Official	City Bainville	Zip Code 59212
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
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 # 0786	School Dist. # 65	School Name Froid Elem	County 43	Level EL
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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 Box 218	
Printed Name of Authorized Official	City Froid	Zip Code 59226
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 FY2010	Date Approved
	Signature



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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
0787	65E	Froid H S	43	HS

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	Froid	59226
Title	Date	

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