

CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

П	elelia, WT 59020-2501					
Legal Entity #	School Dist. #	School Name		County	Level	
0865	1	Big Timber Elem		49	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.						
	regoing is true and cori					
Signature of District Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
•			PO Box 887			
Printed Name of Authorized Official			City	Zip	o Code	
			Big Timber	59	011	
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			



CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

Legal Entity #	School Dist. #	School Name		County	Level
Logar Littly "	Gonoor Blot. "	Concor Name		County	20101
0868	5	Melville Elem		49	EL
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.					(%) 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 knowledge and believed.		ndirect cost rate proposa	l submitted he	rewith and to t	the best of my
(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.					
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I declare that the for	egoing is true and cor	ect.			
Signature of District Superintendent or Board Street Address or P.O. Box					
Chairperson			PO Box 275		
Printed Name of A	uthorized Official	Cit		Zip	Code
		Me	elville	590	055
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					
		Sig	gnature		



CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

	Cicita, Wi 37020 2301				
Legal Entity #	School Dist. #	School Name		County	Level
0872	16	Greycliff Elem		49	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	(%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory over the complete.				
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:				
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjust	d OMB Circular
casual relationship laccordance with aphave not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agi Further, the same c addition, similar type	reements to which osts that have been so of costs have be	they are allocen treated as in een accounted	cated in ndirect costs d for consistently
I declare that the for	regoing is true and cor	rect.			
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson	Chairperson PO Box 65				
Printed Name of Authorized Official			City	Ziţ	o Code
			Greycliff	59	033
Title			Date		
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	TION BY:
Approved Rate for FY2010 Date Approved					
			Signature		



CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

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Legal Entity #	School Dist. #	School Name		County	Level	
0875	29	McLeod Elem		49	EL	
Proposed Restric	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)					
	Complete and submit voe submitted for the electric oval 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:					the best of my	
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I declare that the for	regoing is true and cor	rect.				
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			346 Otter Cr Rd			
Printed Name of A	uthorized Official		City	Ziţ	p Code	
			Big Timber	59	011	
Title			Date			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	TION BY:	
Approved Rate for FY2010			Date Approved			
			Signature			



CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

Legal Entity #	School Dist. #	School Name	County	Level		
0882	СО	Sweet Grass County H S	49	HS		
Proposed Restric	ted Indirect Cost Rate	e% (Round to nearest	nundredth (X.X)	<%) 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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	regoing is true and corr					
	ct Superintendent or	Board Street Address	or P.O. Box			
Chairperson PO Box 886						
Printed Name of Authorized Official		City	Ziŗ	o Code		
		Big Timber	59	011		
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:						
Ap	proved Rate for FY20	Date Approved	Date Approved			
		Signature				