



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

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
0474	JT&8	Arlee Elem	24	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>	
	72220 Fyant Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Arlee	59821
<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 FY2011</b>	Date Approved
	Signature



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

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
0475	JT&8	Arlee H S	24	HS

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	72220 Fyant Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Arlee	59821
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
0477	23	Polson Elem	24	EL

**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>	
	111 4th Avenue East	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Polson	59860
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2010-2011

Due April 30, 2010

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0478	23	Polson H S	24	HS

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

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	Polson	59860
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
0481	28	St Ignatius K-12 Schools	24	K12

**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 1540	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	St Ignatius	598651540
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0483	35	Valley View Elem	24	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>	
	42448 Valley View Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Polson	59860
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
0486	73	Swan Lake-Salmon Elem	24	EL

**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 5086	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Swan Lake	59911
<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

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2010-2011

Due April 30, 2010

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
1199	30	Ronan Elem	24	EL

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	421 Andrew NW	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ronan	598642302
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
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Helena, MT 59620-2501

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Superintendent  
PO Box 202501  
Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
1200	30	Ronan H S	24	HS

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	Ronan	598642302
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
1205	7J	Charlo Elem	24	EL

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	PO Box 10	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Charlo	59824
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
1206	7J	Charlo H S	24	HS

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	Charlo	59824
<b>Title</b>	<b>Date</b>	

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1211	33	Upper West Shore Elem	24	EL

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	PO Box 195	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dayton	59914
<b>Title</b>	<b>Date</b>	

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