



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

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0612	4	Livingston Elem	34	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>	
	132 South B Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Livingston	59047
<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



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Superintendent  
PO Box 202501  
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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>
0613	1	Park H S	34	HS

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<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Livingston	59047
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Due April 30, 2010

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0614	7	Gardiner Elem	34	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>	
	510 Stone Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gardiner	59030
<b>Title</b>	<b>Date</b>	

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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 2010-2011

Due April 30, 2010

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0617	9	Cooke City Elem	34	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>	
	PO Box 1070	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cooke City	59020
<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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Denise Juneau,  
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PO Box 202501  
Helena, MT 59620-2501

**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>
0620	19	Pine Creek Elem	34	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>	
	2575 East River Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Livingston	59047
<b>Title</b>	<b>Date</b>	

Send completed form to:  
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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 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
0635	63-56	Springdale Elem	34	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>	
	Box 102	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Springdale	59082
<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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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>
1191	4	Gardiner H S	34	HS

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

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	510 Stone Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gardiner	59030
<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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PO Box 202501  
Helena, MT 59620-2501

**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>
1215	75	Arrowhead Elem	34	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>	
	PO Box 37	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Pray	59065
<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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PO Box 202501  
Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

<b>Legal Entity #</b> 1227	<b>School Dist. #</b> J12	<b>School Name</b> Shields Valley Elem	<b>County</b> 34	<b>Level</b> EL
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**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> PO Box 40	
<b>Printed Name of Authorized Official</b>	<b>City</b> Clyde Park	<b>Zip Code</b> 59018
<b>Title</b>	<b>Date</b>	

Send completed form to:  
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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
1228	5	Shields Valley H S	34	HS

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	PO Box 40	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Clyde Park	59018
<b>Title</b>	<b>Date</b>	

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