



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 # 0647	School Dist. # 2-A	School Name Dodson Elem	County 36	Level EL
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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.

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 Box 278	
Printed Name of Authorized Official	City Dodson	Zip Code 59524
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 FY2011	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
0648	C	Dodson H S	36	HS

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	Box 278	
Printed Name of Authorized Official	City	Zip Code
	Dodson	59524
Title	Date	

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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
0657	12B	Saco H S	36	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 298	
Printed Name of Authorized Official	City	Zip Code
	Saco	59261
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 FY2011	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
0659	14A	Malta K-12 Schools	36	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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 670	
Printed Name of Authorized Official	City	Zip Code
	Malta	59538
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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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 # 0663	School Dist. # D	School Name Whitewater K-12 Schools	County 36	Level K12
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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 46	
Printed Name of Authorized Official	City Whitewater	Zip Code 595440046
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 2010-2011

Due April 30, 2010

Legal Entity #	School Dist. #	School Name	County	Level
1203	12A	Saco Elem	36	EL

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	Box 298	
Printed Name of Authorized Official	City	Zip Code
	Saco	59261
Title	Date	

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