



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>
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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6996 Roy St.	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wolf Point	59201
<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
0775	9	Poplar Elem	43	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 458	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Poplar	59255
<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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Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2010-2011

Due April 30, 2010

<b>Legal Entity #</b> 0776	<b>School Dist. #</b> 9B	<b>School Name</b> Poplar H S	<b>County</b> 43	<b>Level</b> HS
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**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_% (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Printed Name of Authorized Official</b>	<b>City</b> Poplar	<b>Zip Code</b> 59255
<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
0777	17J/R	Culbertson Elem	43	EL

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I declare that the foregoing is true and correct.

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	Box 459	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Culbertson	59218
<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>
0778	17C/R	Culbertson H S	43	HS

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	Culbertson	59218
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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
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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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	220 4th Avenue South	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wolf Point	59201
<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
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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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
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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 198	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Brockton	59213
<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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<b>Approved Rate for FY2011</b>	Date Approved
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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>
0783	55F	Brockton H S	43	HS

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

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<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Brockton	59213
<b>Title</b>	<b>Date</b>	

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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> 0785	<b>School Dist. #</b> 64D	<b>School Name</b> Bainville K-12 Schools	<b>County</b> 43	<b>Level</b> K12
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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b> Box 177	
<b>Printed Name of Authorized Official</b>	<b>City</b> Bainville	<b>Zip Code</b> 59212
<b>Title</b>	<b>Date</b>	

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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>
0786	65	Froid Elem	43	EL

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 218	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Froid	59226
<b>Title</b>	<b>Date</b>	

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For FY 2010-2011

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0787	65E	Froid H S	43	HS

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