



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
0802	1	Plains Elem	45	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>	
	Box 549	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Plains	59859
<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

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0803	1	Plains H S	45	HS

**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.

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	Plains	59859
<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
0804	2	Thompson Falls Elem	45	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 129	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Thompson Falls	59873
<b>Title</b>	<b>Date</b>	

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Superintendent  
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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>
0805	2	Thompson Falls H S	45	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>
	Thompson Falls	59873
<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> 0807	<b>School Dist. #</b> 6	<b>School Name</b> Trout Creek Elem	<b>County</b> 45	<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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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> 4 School Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b> Trout Creek	<b>Zip Code</b> 59874
<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>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0808	8	Paradise Elem	45	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 126	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Paradise	59856
<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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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

Legal Entity #	School Dist. #	School Name	County	Level
0809	9	Dixon Elem	45	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.

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 10	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dixon	59831
<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
	Signature



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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
0811	10	Noxon Elem	45	EL

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	300 Noxon Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Noxon	59853
<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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	Signature





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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
0812	10	Noxon H S	45	HS

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	300 Noxon Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Noxon	59853
<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>
0813	11	Camas Prairie Elem	45	EL

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	PO Box 536	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Plains	59859
<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

Legal Entity #	School Dist. #	School Name	County	Level
0814	14-J	Hot Springs Elem	45	EL

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	PO Box 1005	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hot Springs	59845
<b>Title</b>	<b>Date</b>	

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For FY 2010-2011

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<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0815	14-J	Hot Springs H S	45	HS

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