

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			
0819	3	Westby K-12 Schools	46	K12			
Proposed Restric	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)						
	e submitted for the ele	rith one copy of each application for I mentary and high school district. A c					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accorda A-87, "Cost Principle	ance with the requirement es for State and Local	tablish the final indirect cost rate for the ents of the Federal award(s) to which Governments." Unallowable costs have mined Indirect Cost Allocation - Sch	n they apply and ave been adjus	d OMB Circular			
casual relationship I accordance with app have not been claim	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	roperly allocable to Federal awards of incurred and the agreements to which Further, the same costs that have be addition, similar types of costs have notified of any accounting changes the	ch they are alloo een treated as i been accounted	cated in indirect costs d for consistently			
I declare that the for	regoing is true and corr	rect.					
	ct Superintendent or		Street Address or P.O. Box				
Chairperson		PO Box 109					
Printed Name of Authorized Official		City	Ziį	p Code			
		Westby	59	275			
Title		Date	Date				
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction					
ACCEPTED	AND APPROVED FO	R THE SUPERINTENDENT OF PUB	BLIC INSTRUC	TION BY:			
Ap	proved Rate for FY20	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			
0822	7	Medicine Lake K-12 Schools	46	K12			
Proposed Restric	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.							
	regoing is true and corr						
	ct Superintendent or	Board Street Address	Street Address or P.O. Box				
Chairperson		DO Day 205 244	DO D 005 044 V 01				
Printed Name of A	uthorized Official		PO Box 265 311 Young St City Zip Code				
Fillited Name of A	utilorized Official	City	211	J Code			
		Medicine Lake	59	247			
Title		Date	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:							
Ар	proved Rate for FY20	Date Approved	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		
0828	20	Plentywood K-12 Scho	ools	46	K12		
Proposed Restric	ted Indirect Cost Rate	e% (Rd	ound to nearest h	nundredth (X.X)	X%) 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 for	regoing is true and cor	rect.					
Signature of District Superintendent or Board			Street Address or P.O. Box				
Chairperson		10	00 East Laurel	Ave			
Printed Name of A	uthorized Official		ty		p Code		
		Pl	entywood	59	254		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO	R THE SUPERINTEND	ENT OF PUBL	LIC INSTRUC	TION BY:		
Approved Rate for FY2011			ate Approved				
		Si	gnature				