



Office of Public Instruction  
Denise Juneau,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2011-2012

Due April 30, 2011

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0789	3	Birney Elem	44	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>	
	PO Box 521	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Birney	59012
<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 FY2012</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 2011-2012

Due April 30, 2011

<b>Legal Entity #</b> 0790	<b>School Dist. #</b> 4	<b>School Name</b> Forsyth Elem	<b>County</b> 44	<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> Box 319	
<b>Printed Name of Authorized Official</b>	<b>City</b> Forsyth	<b>Zip Code</b> 59327
<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 FY2012</b>	Date Approved
	Signature



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Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2011-2012

Due April 30, 2011

Legal Entity #	School Dist. #	School Name	County	Level
0791	4	Forsyth H S	44	HS

**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 319	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Forsyth	59327
<b>Title</b>	<b>Date</b>	

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Office of Public Instruction  
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Superintendent  
PO Box 202501  
Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2011-2012

Due April 30, 2011

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0792	6	Lame Deer Elem	44	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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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 96	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lame Deer	59043
<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 FY2012</b>	Date Approved
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Office of Public Instruction  
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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2011-2012

Due April 30, 2011

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
0794	12	Rosebud Elem	44	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 38	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Rosebud	59347
<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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Denise Juneau,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2011-2012

Due April 30, 2011

Legal Entity #	School Dist. #	School Name	County	Level
0795	12	Rosebud H S	44	HS

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<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Rosebud	59347
<b>Title</b>	<b>Date</b>	

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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 2011-2012

Due April 30, 2011

<b>Legal Entity #</b> 0796	<b>School Dist. #</b> 19	<b>School Name</b> Colstrip Elem	<b>County</b> 44	<b>Level</b> EL
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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b> PO Box 159	
<b>Printed Name of Authorized Official</b>	<b>City</b> Colstrip	<b>Zip Code</b> 59323
<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 FY2012</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 2011-2012

Due April 30, 2011

Legal Entity #	School Dist. #	School Name	County	Level
0797	19	Colstrip H S	44	HS

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	PO Box 159	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Colstrip	59323
<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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<b>Approved Rate for FY2012</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 2011-2012

Due April 30, 2011

Legal Entity #	School Dist. #	School Name	County	Level
0800	32J	Ashland Elem	44	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 17	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ashland	59003
<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 2011-2012

Due April 30, 2011

<b>Legal Entity #</b>	<b>School Dist. #</b>	<b>School Name</b>	<b>County</b>	<b>Level</b>
1230	6	Lame Deer H S	44	HS

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	Box 96	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lame Deer	59043
<b>Title</b>	<b>Date</b>	

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