



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

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2012-2013

Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0653	Alder-Upper Ruby Elem	28	Madison	EL 0536 Alder Elem HS K12

**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 single application by School System (SS) 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 127	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Alder	59710
<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 FY2013</b>	Date Approved
	Signature



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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0654	Sheridan Public Schools	28	Madison	EL 0537 Sheridan Elem HS 0538 Sheridan H S 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 586	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sheridan	59749
<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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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0655	Twin Bridges K-12 Schools	28	Madison	EL HS K12 0540 Twin Bridges K-12 Schools

**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 single application by School System (SS) 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 419	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Twin Bridges	59754
<b>Title</b>	<b>Date</b>	

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Office of Public Instruction  
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Helena, MT 59620-2501

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0657	Harrison K-12 Schools	28	Madison	EL HS K12 0543 Harrison K-12 Schools

**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 single application by School System (SS) 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>	
	PO Box 7	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harrison	59735
<b>Title</b>	<b>Date</b>	

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	Signature



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Superintendent  
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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0659	Ennis K-12 Schools	28	Madison	EL HS K12 0546 Ennis K-12 Schools

**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 517	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ennis	59729
<b>Title</b>	<b>Date</b>	

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	Signature