

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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Helena, MT 59620-2501		Due April 30, 2012				
SS#	School System (SS) Name	County #	County	LE's Included		
0748	Dodson Public Schools	36	Phillips	EL HS		
			1	K12 0648 Dods	on K-12	
Propo	sed Restricted Indirect Cost Rat	e	% (Rou	and to nearest hundre	dth (X.XX%) of a percent.)	
applicat	JCTIONS: Complete and submit was tion by School System (SS) should tification will be returned upon app	be submitte	d for the eler		•	
	to certify that I have reviewed the indige and belief:	ndirect cost r	rate proposal	submitted herewith	n and to the best of my	
allowab A-87, "0	costs included in this proposal to es le in accordance with the requirem Cost Principles for State and Local is indicated in the attached Predete	ents of the F Governmen	Federal award ts." Unallowa	d(s) to which they a able costs have bee	pply and OMB Circular en adjusted in allocating	
casual raccorda have no and the predete	costs included in the proposal are prelationship between the expenses ance with applicable requirements. In the been claimed as direct costs. In Office of Public Instruction will be armined rate. The that the foregoing is true and core	incurred and Further, the addition, sin notified of ar	d the agreem same costs nilar types of	nents to which they that have been trea costs have been ac	are allocated in ated as indirect costs accounted for consistently	
Signature of District Superintendent or Board Chairperson				Street Address or P.O. Box Box 278		
Printed	Name of Authorized Official		City		Zip Code	
			Da	daan	59524	
Title			Dat	SOII		
	Send completed form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction	ng			
	ACCEPTED AND APPROVED FO	R THE SUP	ERINTENDE	ENT OF PUBLIC IN	STRUCTION BY:	
	Approved Rate for FY20)13	Dat	e Approved		
			Sig	Signature		



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

1	Helena, MT 59620-2501			• ,		
SS#	School System (SS) Name	County #	County	LE's Included		
				EL 1203 Saco El	lem	
0756	Saco Public Schools	36	Phillips	HS 0657 Saco H	S	
			•	K12		
Propos	sed Restricted Indirect Cost Rate	e	% (Roui	nd to nearest hundredt	h (X.XX%) of a percent.)	
applicati	ICTIONS: Complete and submit woice in School System (SS) should ification will be returned upon appropriate in the contract of the contract in the contract of	be submitte	d for the elem		•	
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowabl A-87, "C	osts included in this proposal to es e in accordance with the requirem Cost Principles for State and Local indicated in the attached Predete	ents of the F Governmen	Federal award ts." Unallowa	l(s) to which they app able costs have been	oly and OMB Circular	
casual reaccorda have no and the predeter	posts included in the proposal are pelationship between the expenses not with applicable requirements. It been claimed as direct costs. In Office of Public Instruction will be rmined rate.	incurred an Further, the addition, sin notified of a	d the agreeme same costs nilar types of	ents to which they ar that have been treate costs have been acc	e allocated in ed as indirect costs ounted for consistently	
	re of District Superintendent or		Stre	et Address or P.O.	Box	
Chairpe		Boara		Street Address of F.O. Dox		
			Box	298		
Printed	Name of Authorized Official		City	1	Zip Code	
					59261	
T:41 -			Saco		39201	
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 FO	R THE SUP	ERINTENDE	NT OF PUBLIC INS	TRUCTION BY:	
Approved Rate for FY2013			Date	Date Approved		
			Sigr	Signature		



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Helena, MT 59620-2501						
SS#	School System (SS) Name	County #	County	LE's Included		
0757	Malta K-12 Schools	36	Phillips	EL HS		
				K12 0659 Malt	a K-12 Schools	
Propo	sed Restricted Indirect Cost Rat	e	% (Ro	und to nearest hundre	edth (X.XX%) of a percent.)	
applica	JCTIONS: Complete and submit value tion by School System (SS) should tification will be returned upon app	be submitte	d for the ele			
	to certify that I have reviewed the indige and belief:	ndirect cost i	rate proposa	I submitted herewit	h and to the best of my	
allowab A-87, "(costs included in this proposal to esole in accordance with the requirem Cost Principles for State and Local in the indicated in the attached Predete	ents of the F Governmen	Federal awar ts." Unallow	d(s) to which they a able costs have be	apply and OMB Circular en adjusted in allocating	
casual accorda have no and the predete	costs included in the proposal are prelationship between the expenses ance with applicable requirements. In the Office of Public Instruction will be ermined rate. The that the foregoing is true and core	incurred an Further, the addition, sin notified of a	d the agreen e same costs nilar types of	nents to which they that have been tre costs have been a	r are allocated in eated as indirect costs accounted for consistently	
Signati Chairp	ure of District Superintendent or erson	Board		Street Address or P.O. Box PO Box 670		
Printed	Name of Authorized Official		Cit		Zip Code	
			Ma	alta	59538	
Title				Date		
	Send completed form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction	ng			
	ACCEPTED AND APPROVED FO	R THE SUP	ERINTEND	ENT OF PUBLIC IN	ISTRUCTION BY:	
	Approved Rate for FY20)13	Da	te Approved		
			Sig	Signature		



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2012-2013

Helena, MT 59620-2501		Due April 30, 2012					
SS#	School System (SS) Name	County #	County	LE's Included			
0760	Whitewater K-12 Schools	36	Phillips	EL HS			
				K12 0663 Whi	tewater K-12 Schools		
Propo	sed Restricted Indirect Cost Rat	e	(Round to nearest hundredth (X.XX%) of a percent.)				
applicat	JCTIONS: Complete and submit victor by School System (SS) should tification will be returned upon app	be submitte	d for the eler		_		
	to certify that I have reviewed the industry and belief:	ndirect cost r	rate proposal	submitted herewit	th and to the best of my		
allowab A-87, "0	osts included in this proposal to estering accordance with the requirem Cost Principles for State and Local in the attached Predete	ents of the F Governmen	Federal award ts." Unallowa	d(s) to which they able costs have be	apply and OMB Circular een adjusted in allocating		
casual raccorda have no and the predete	osts included in the proposal are prelationship between the expenses ance with applicable requirements. In the been claimed as direct costs. In Office of Public Instruction will be rmined rate. The that the foregoing is true and core	incurred and Further, the addition, sin notified of ar	d the agreem same costs nilar types of	nents to which they that have been tre costs have been a	y are allocated in eated as indirect costs accounted for consistently		
Signature of District Superintendent or Board Chairperson				Street Address or P.O. Box PO Box 46			
Printed	Name of Authorized Official		City		Zip Code		
			Wh	itewater	595440046		
Title				Date			
	Send completed form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction	ng				
	ACCEPTED AND APPROVED FO	R THE SUP	ERINTENDE	ENT OF PUBLIC II	NSTRUCTION BY:		
	Approved Rate for FY20	13	Dat	e Approved			
			Sign	Signature			