



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
0822	Corvallis K-12 Schools	41	Ravalli	EL HS K12 0731 Corvallis 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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 700	
Printed Name of Authorized Official	City	Zip Code
	Corvallis	59828
Title	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:

Approved Rate for FY2013	Date Approved
	Signature



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Denise Juneau,
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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
0823	Stevensville Public Schls	41	Ravalli	EL 0732 Stevensville Elem HS 0733 Stevensville 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	300 Park Street	
Printed Name of Authorized Official	City	Zip Code
	Stevensville	59870
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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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
0824	Hamilton K-12 Schools	41	Ravalli	EL HS K12 0735 Hamilton 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	217 Daly Avenue	
Printed Name of Authorized Official	City	Zip Code
	Hamilton	59840
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2013	Date Approved
	Signature



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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
0826	Victor K-12 Schools	41	Ravalli	EL HS K12 0738 Victor 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	425 4th Avenue	
Printed Name of Authorized Official	City	Zip Code
	Victor	59875
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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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
0827	Darby K-12 Schools	41	Ravalli	EL HS K12 0740 Darby 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	209 School Drive	
Printed Name of Authorized Official	City	Zip Code
	Darby	59829
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2013	Date Approved
	Signature



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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
0828	Lone Rock Elementary	41	Ravalli	EL 0741 Lone Rock Elem HS 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1112 Three Mile Creek Rd	
Printed Name of Authorized Official	City	Zip Code
	Stevensville	59870
Title	Date	

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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Denise Juneau,
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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
0829	Florence-Carlton K-12 Schls	41	Ravalli	EL HS K12 0743 Florence-Carlton K-12 Schls

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	5602 Old Highway 93	
Printed Name of Authorized Official	City	Zip Code
	Florence	59833
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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