

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

The same of	Helena, MT 59620-2501			,			
SS#	School System (SS) Name	County #	County	LE's Included			
0055	G 1 4K 12G 1 1	F 1	TT 1	EL			
0955	Sunburst K-12 Schools	51	Toole	HS K12 0903 Suphi	urst K-12 Schools		
				-			
Propo	sed Restricted Indirect Cost Rat	e	% (Ro	und to nearest hundre	dth (X.XX%) of a percent.)		
applicat	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	l submitted herewith	and to the best of my		
allowab A-87, "(costs as	costs included in this proposal to esple in accordance with the requirem Cost Principles for State and Local is indicated in the attached Predete	ents of the F Governmen rmined Indir	Federal awar ts." Unallow ect Cost Allo	rd(s) to which they a vable costs have bee ocation - Schedule A	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 primined rate. The office of Public Instruction will be primined rate. The that the foregoing is true and core	incurred an Further, the addition, sin notified of a	d the agreer e same costs nilar types of	nents to which they a sthat have been trea f costs have been ac	are allocated in ated as indirect costs accounted for consistently		
Signature of District Superintendent or			Stı	Street Address or P.O. Box			
Chairp	erson		Po	Box 710			
Printed	Name of Authorized Official		Cit		Zip Code		
				•			
T:41-				nburst	59482		
Title			Da	Date			
	Send completed form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction	ng				
	ACCEPTED AND APPROVED FO	R THE SUP	PERINTEND	ENT OF PUBLIC IN	STRUCTION 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

Due April 30, 2012

000	Ticiciia, WT 37020 2301					
SS#	School System (SS) Name	County #	County	LE's Included		
				EL 0910 Shelb	y Elem	
0962	Shelby Public Schools	51	Toole	HS 0911 Shelb	y H S	
	-			K12		
Propo	sed Restricted Indirect Cost Rat	% (Rou	(Round to nearest hundredth (X.XX%) of a percent.)			
applica	JCTIONS: Complete and submit was tion by School System (SS) should tification will be returned upon app	be submitte	d for the eler		9	
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowab A-87, "(costs included in this proposal to esple in accordance with the requirem Cost Principles for State and Local s 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 accorda have no and the predete	costs included in the proposal are prelationship between the expenses ance with applicable requirements. In been claimed as direct costs. In Office of Public Instruction will be ermined rate.	incurred an Further, the addition, sin notified of a	d the agreem e same costs nilar types of	ents to which they a that have been trea costs have been ac	are allocated in ated as indirect costs accounted for consistently	
	ure of District Superintendent or		Stre	eet Address or P.C). Box	
Chairp	_					
				0 Oilfield Avenue		
Printed	Name of Authorized Official		City	/	Zip Code	
			She	lby	59474	
Title				Shelby 59474 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	PERINTENDE	NT OF PUBLIC IN	STRUCTION BY:	
Approved Rate for FY2013			Dat	Date Approved		
			Sign	Signature		
			I			



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

	Ticicia, W1 37020 2301						
SS#	School System (SS) Name	County #	County	LE's Included			
				EL 0915 Gala	ıta Elem		
0966	Galata Elementary	51	Toole	HS			
				K12			
Propos	sed Restricted Indirect Cost Rate	e	% (Rou	und to nearest hundr	redth (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:							
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 awar ts." Unallow	d(s) to which they able costs have be	apply and OMB Circular een adjusted in allocating		
(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 Street Address or P.O. Box					.O. Box		
Chairpe	erson						
				x 76			
Printed	Name of Authorized Official		Cit	у	Zip Code		
			Ga	lata	59444		
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			Da	Date Approved			
			Sig	nature			
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