



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

### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0221	Chinook Public Schools	03	Blaine	EL 0028 Chinook Elem HS 0029 Chinook H S 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>	
	Box 1059	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<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 FY2015</b>	Date Approved
	Signature



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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0222	Harlem Public Schools	03	Blaine	EL 0030 Harlem Elem HS 0031 Harlem H S K12

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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 339	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harlem	595260339
<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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For FY 2014-2015

Due April 30, 2014

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0223	Cleveland-Lone Tree Elem	03	Blaine	EL 0032 Cleveland 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	22820 Cleveland Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0225	Zurich Elementary	03	Blaine	EL 0034 Zurich Elem HS K12

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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>	
	7405 Paradise Valley Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0234	Turner Public Schools	03	Blaine	EL 0044 Turner Elem HS 0045 Turner H S K12

**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 40	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Turner	59542
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0235	Hays-Lodge Pole K-12 Schls	03	Blaine	EL HS K12 1213 Hays-Lodge Pole K-12 Schls

**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>	
	PO Box 110	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hays	59527
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0237	Bear Paw Elementary	03	Blaine	EL 0048 Bear Paw Elem HS K12

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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>	
	29815 Clear Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<b>Title</b>	<b>Date</b>	

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For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
1048	North Harlem Colony Elem	03	Blaine	EL 1216 North Harlem Colony Elem HS K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	755 Hillcrest Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harlem	59526
<b>Title</b>	<b>Date</b>	

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