



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

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0342	Miles City Public Schools	09	Custer	EL 0172 Miles City Elem HS 0192 Custer County 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>	
	1604 Main Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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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Superintendent  
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For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0343	Kircher Elementary	09	Custer	EL 0173 Kircher 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>	
	331 Kircher Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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
0347	Trail Creek Elementary	09	Custer	EL 0177 Trail Creek 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>	
	735 Road 664	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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
0349	Spring Creek Elementary	09	Custer	EL 0179 Spring Creek Elem HS K12

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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	735 Road 664	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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
0352	Cottonwood Elementary	09	Custer	EL 0182 Cottonwood Elem HS 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>	
	1712 Road 403	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ismay	59336
<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
0357	Kinsey Elementary	09	Custer	EL 0187 Kinsey Elem HS 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>	
	PO Box 386	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kinsey	59338
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

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SS #	School System (SS) Name	County #	County	LE's Included
0359	S Y Elementary	09	Custer	EL 0189 S Y Elem HS K12

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For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
1074	S H Elementary	09	Custer	EL 1238 S H Elem HS K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6281 Moon Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
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