D SS P	Office of Public Instruction lenise Juneau, superintendent O Box 202501 lelena, MT 59620-2501	CERTIFICATION FOR INDIRECT COST RATE For FY 2009-2010 Due April 30, 2009				
Legal Entity #	School Dist. #	School Name		County	Level	
0536	2	Alder Elem		28	EL	
Proposed Restric	ted Indirect Cost Rate	9%	(Round to nearest h	nundredth (X.X)	X%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application 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 tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
(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		Board	Street Address or P.O. Box			
Printed Name of A	uthorized Official		PO Box 110 City	Zi	p Code	
			Alder		0710	
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:						
Ар	proved Rate for FY20	10	Date Approved			
			Signature			

D SP	Office of Public Instruction lenise Juneau, luperintendent O Box 202501 lelena, MT 59620-2501	CERTIFICATION FOR INDIRECT COST RATE For FY 2009-2010 Due April 30, 2009				
Legal Entity #	School Dist. #	School Name		County	Level	
0537	5	Sheridan Elem		28	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application 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 tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	erewith and to	the best of my	
(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		Board	Street Address	or P.O. Box		
Printed Name of Authorized Official			PO Box 586 City	Zi	p Code	
					0749	
Title			Sheridan 59749 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:						
Ар	Approved Rate for FY2010			Date Approved		
			Signature			

D S P	Office of Public Instruction lenise Juneau, uperintendent O Box 202501 lelena, MT 59620-2501	CERTIFICATION FOR INDIRECT COST RATE For FY 2009-2010 Due April 30, 2009				
Legal Entity #	School Dist. #	School Name		County	Level	
0538	5	Sheridan H S		28	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	<%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application 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:					
allowable in accord A-87, "Cost Principl	d in this proposal to es ance with the requirement as for State and Local in the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjust	d OMB Circular	
(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					
Signature of District Superintendent or Board Chairperson						
Printed Name of A	uthorized Official		PO Box 586 City	Zip	o Code	
			Sheridan	59	749	
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 FY2010			Date Approved			
		ľ	Signature			

	Office of Public Instruction lenise Juneau, superintendent O Box 202501 lelena, MT 59620-2501	CERTIFICATION FOR INDIRECT COST RATE For FY 2009-2010 Due April 30, 2009				
Legal Entity #	School Dist. #	School Name		County	Level	
0540	7	Twin Bridges K-12	Schools	28	K12	
Proposed Restric	ted Indirect Cost Rate	%%	(Round to nearest h	nundredth (X.X)	<%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will b returned upon approval of your rate.						
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	erewith and to	the best of my	
(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.						
	regoing is true and corr					
Signature of District Superintendent or Board Chairperson		Board	Street Address or P.O. Box			
Printed Name of A	uthorized Official		Box 419 City	Zip	o Code	
			Twin Bridges		754	
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:						
Ар	proved Rate for FY20	10	Date Approved			
			Signature			

D S P	office of Public Instruction enise Juneau, uperintendent O Box 202501 elena, MT 59620-2501	CERTIFICATION FOR INDIRECT COST RATE For FY 2009-2010 Due April 30, 2009				
Legal Entity #	School Dist. #	School Name		County	Level	
0543	23	Harrison K-12 Scho	pols	28	K12	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	<%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application 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 knowledge and belie	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	erewith and to	the best of my	
(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         Street Address or P.O. Box					
Signature of District Superintendent or Board Chairperson		Board				
Printed Name of A	uthorized Official		PO Box 7 City	Zij	o Code	
			-		735	
Title			Harrison 59735 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:						
Ар	proved Rate for FY20	10	Date Approved			
			Signature			

ffice of Public Instruction enise Juneau, uperintendent O Box 202501 elena, MT 59620-2501	CERTIFICATION FOR INDIRECT COST RATE For FY 2009-2010 Due April 30, 2009				
School Dist. #	School Name		County	Level	
52	Ennis K-12 School	S	28	K12	
ted Indirect Cost Rate	%%	(Round to nearest h	nundredth (X.X)	<%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will b returned upon approval of your rate.					
t I have reviewed the in ef:	idirect cost rate prop	osal submitted he	rewith and to	the best of my	
ance with the requirements for State and Local	ents of the Federal a Governments." Una	award(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular	
(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.					
Chairperson					
Printed Name of Authorized Official		City	Zi	p Code	
		Ennis	59	729	
		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:					
proved Rate for FY20	10	Date Approved			
		Signature			
	enise Juneau, uperintendent D Box 202501 elena, MT 59620-2501 School Dist. # 52 ted Indirect Cost Rate Complete and submit w e submitted for the ele oval of your rate. I have reviewed the in- ef: d in this proposal to est ance with the requirements ance with the requirements of the attached Predeter d in the proposal are pro- between the expenses blicable requirements. Hold as direct costs. In a blic Instruction will be re- regoing is true and correct School Accounting a Office of Public Instruction PO Box 202501 Helena, MT 59620- AND APPROVED FO	filee of Public Instruction         enise Juneau,         uperintendent       D Box 202501         School Dist. #       School Name         52       Ennis K-12 Schools         ted Indirect Cost Rate      %         Complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         complete and submit with one copy of each      %         d in this proposal to establish the final indir      %         attached Predetermined Indirect Cost      %         d in the proposal are properly allocable to F      %         petween the expense	Iffee of Public Instruction mise Juneau, uperintendent D Box 202501       For FY 2009         Data 202501       Due April 30         School Dist. #       School Name         52       Ennis K-12 Schools         ted Indirect Cost Rate% (Round to nearest to complete and submit with one copy of each application for Intel e submitted for the elementary and high school district. A conval of your rate.         It have reviewed the indirect cost rate proposal submitted heref:         d in this proposal to establish the final indirect cost rate for the ance with the requirements of the Federal award(s) to which the act with the requirements. " Unallowable costs have the attached Predetermined Indirect Cost Allocation - School Allocation will be notified of any accounting changes the addition, similar types of costs have be blic Instruction will be notified of any accounting changes the Box 517         tethorized Official       City         Box 517       Ennis         Date       Date         uppleted form to:       School Accounting and Budgeting         Office of Public Instruction       PO Box 202501         Helena, MT 59620-2501       AND APPROVED FOR THE SUPERINTENDENT OF PUBLI         oroved Rate for FY2010       Date Approved	Infect of Public Instruction miss Juneau, perintendent Doto 202501       For FY 2009-2010         School Dist. #       School Name       County         52       Ennis K-12 Schools       28         ted Indirect Cost Rate       % (Round to nearest hundredth (X.X)         Complete and submit with one copy of each application for Indirect Cost Rate e submitted for the elementary and high school district. A copy of this cert are submitted for the elementary and high school district. A copy of this cert are submitted herewith and to off.         I have reviewed the indirect cost rate proposal submitted herewith and to off.       I have reviewed the indirect Cost Rate proposal submitted herewith and to off.         d in this proposal to establish the final indirect cost rate for the periods indiance with the requirements of the Federal award(s) to which they apply and the attached Predetermined Indirect Cost Allocation - Schedule A.         d in the proposal are properly allocable to Federal awards on the basis of a between the expenses incurred and the agreements to which they are allo blic Instruction will be notified of any accounting changes that would affect         egoing is true and correct.       City       Zi         ct School Accounting and Budgeting       Office of Public Instruction       Signal         poleted form to:       School Accounting and Budgeting       School Accounting and Budgeting       Signal         poleted form to:       School Accounting and Budgeting       Office of Public Instruction       Public Instruction	