



Office of Public Instruction
Denise Juneau,
Superintendent
PO Box 202501
Helena, 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 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 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:

(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 110	
Printed Name of Authorized Official	City	Zip Code
	Alder	59710
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
	Signature



Office of Public Instruction
Denise Juneau,
Superintendent
PO Box 202501
Helena, 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 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	
	PO Box 586	
Printed Name of Authorized Official	City	Zip Code
	Sheridan	59749
Title	Date	

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Helena, MT 59620-2501

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Helena, 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

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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	
		PO Box 586	
Printed Name of Authorized Official		City	Zip Code
		Sheridan	59749
Title		Date	

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Helena, MT 59620-2501

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Helena, 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 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	
	Box 419	
Printed Name of Authorized Official	City	Zip Code
	Twin Bridges	59754
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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Helena, 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 Schools	28	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	
		PO Box 7	
Printed Name of Authorized Official		City	Zip Code
		Harrison	59735
Title		Date	

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School Accounting and Budgeting
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Helena, MT 59620-2501

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Approved Rate for FY2010	Date Approved
	Signature



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2009-2010

Due April 30, 2009

Legal Entity #	School Dist. #	School Name	County	Level
0546	52	Ennis K-12 Schools	28	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	
		Box 517	
Printed Name of Authorized Official		City	Zip Code
		Ennis	59729
Title		Date	

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Helena, MT 59620-2501

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