Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0028	10	Chinook Elem	03	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** Box 1059	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 59523
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 FY2007	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0029	10	Chinook H S	03	HS

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.

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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 1059	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 59523
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 FY2007	Date Approved
	Signature

Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0030	12	Harlem Elem	03	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.

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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 339	
Printed Name of Authorized Official	**City** Harlem	**Zip Code** 595260339
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 FY2007	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0031	12	Harlem H S	03	HS

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.

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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 339	
Printed Name of Authorized Official	**City** Harlem	**Zip Code** 595260339
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 FY2007	Date Approved
	Signature

Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0032	14	Cleveland Elem	03	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.

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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** Route 70 Box 70	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 59523
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 FY2007	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0034	17	Zurich Elem	03	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.

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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** 7405 Paradise Valley Rd	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 59523
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 FY2007	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0044	43	Turner Elem	03	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.

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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 40	
Printed Name of Authorized Official	**City** Turner	**Zip Code** 59542
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 FY2007	Date Approved
	Signature

Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0045	43	Turner H S	03	HS

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 40	
Printed Name of Authorized Official	**City** Turner	**Zip Code** 59542
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 FY2007	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
0048	67	Bear Paw Elem	03	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** HC 70 Box 34	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 59523
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 FY2007	Date Approved
	Signature

Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2006-2007

Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
1213	50	Hays-Lodge Pole K-12 Schls	03	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 110	
Printed Name of Authorized Official	**City** Hays	**Zip Code** 59527
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 FY2007	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2006-2007 Due May 31, 2006

Legal Entity #	School Dist. #	School Name	County	Level
1216	6	North Harlem Colony Elem	03	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** 668 Hillcrest Road	
Printed Name of Authorized Official	**City** Harlem	**Zip Code** 59526
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 FY2007	Date Approved
	Signature