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
0474	JT&8	Arlee Elem	24	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 37	
Printed Name of Authorized Official	**City** Arlee	**Zip Code** 59821
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
0475	JT&8	Arlee H S	24	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 37	
Printed Name of Authorized Official	**City** Arlee	**Zip Code** 59821
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
0477	23	Polson Elem	24	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** 111 4th Avenue East	
Printed Name of Authorized Official	**City** Polson	**Zip Code** 59860
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
0478	23	Polson H S	24	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** 111 4th Avenue East	
Printed Name of Authorized Official	**City** Polson	**Zip Code** 59860
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
0481	28	St Ignatius K-12 Schools	24	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 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 1540	
Printed Name of Authorized Official	**City** St Ignatius	**Zip Code** 598651540
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
0483	35	Valley View Elem	24	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** 7000 Valley View Road	
Printed Name of Authorized Official	**City** Polson	**Zip Code** 59860
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
0486	73	Swan Lake-Salmon Elem	24	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 5086	
Printed Name of Authorized Official	**City** Swan Lake	**Zip Code** 59911
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
1199	30	Ronan Elem	24	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** Drawer R	
Printed Name of Authorized Official	**City** Ronan	**Zip Code** 59864
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
1200	30	Ronan H S	24	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** Drawer R	
Printed Name of Authorized Official	**City** Ronan	**Zip Code** 59864
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
1205	7J	Charlo Elem	24	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 10	
Printed Name of Authorized Official	**City** Charlo	**Zip Code** 59824
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
1206	7J	Charlo H S	24	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** PO Box 10	
Printed Name of Authorized Official	**City** Charlo	**Zip Code** 59824
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
1211	33	Upper West Shore Elem	24	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 195	
Printed Name of Authorized Official	**City** Dayton	**Zip Code** 59914
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