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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0883	1	Choteau Elem	50	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** 204 7th Ave NW	
Printed Name of Authorized Official	**City** Choteau	**Zip Code** 59422
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 FY2008	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2007-2008 Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0884	1	Choteau H S	50	HS

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0889	12	Bynum Elem	50	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 766	
Printed Name of Authorized Official	**City** Bynum	**Zip Code** 59419
Title	**Date**	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2008	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2007-2008 Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0890	21	Fairfield Elem	50	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** Box 399	
Printed Name of Authorized Official	**City** Fairfield	**Zip Code** 59436
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 FY2008	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2007-2008 Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0891	21	Fairfield H S	50	HS

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Title	**Date**	

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Approved Rate for FY2008	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2007-2008 Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0894	30	Power Elem	50	EL

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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 155	
Printed Name of Authorized Official	**City** Power	**Zip Code** 59468
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 FY2008	Date Approved
	Signature

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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0895	30	Power H S	50	HS

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Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 155	
Printed Name of Authorized Official	**City** Power	**Zip Code** 59468
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 FY2008	Date Approved
	Signature

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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0896	45	Golden Ridge Elem	50	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** 1374 Hiway 408	
Printed Name of Authorized Official	**City** Fairfield	**Zip Code** 59436
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 FY2008	Date Approved
	Signature

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2007-2008 Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0898	61	Pendroy Elem	50	EL

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

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Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 65	
Printed Name of Authorized Official	**City** Pendroy	**Zip Code** 59467
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 FY2008	Date Approved
	Signature

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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
0900	75	Greenfield Elem	50	EL

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Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** 590 Hwy 431	
Printed Name of Authorized Official	**City** Fairfield	**Zip Code** 594369214
Title	**Date**	

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School Accounting and Budgeting
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Helena, MT 59620-2501

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	Signature

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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2007-2008

Due May 31, 2007

Legal Entity #	School Dist. #	School Name	County	Level
1235	28C	Dutton/Brady K-12 Schools	50	K12

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

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Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** 101 2nd St NE	
Printed Name of Authorized Official	**City** Dutton	**Zip Code** 594339670
Title	**Date**	

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PO Box 202501
Helena, MT 59620-2501

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