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|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0342 | Miles City Public Schools | 09 | Custer | EL 0172 Miles City Elem<br>HS 0192 Custer County H S<br>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 single application by School System (SS) 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**<br><br>1604 Main Street | |
| **Printed Name of Authorized Official** | **City**<br><br>Miles City | **Zip Code**<br><br>59301 |
| **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 FY2014** | Date Approved |
| | Signature |

| | |
|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0343 | Kircher Elementary | 09 | Custer | EL 0173 Kircher Elem<br>HS<br>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 single application by School System (SS) 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**<br><br>331 Kircher Creek Rd | |
| **Printed Name of Authorized Official** | **City**<br><br>Miles City | **Zip Code**<br><br>59301 |
| **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 FY2014** | Date Approved |
| | Signature |

| | |
|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0347 | Trail Creek Elementary | 09 | Custer | EL 0177 Trail Creek Elem<br>HS<br>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 single application by School System (SS) 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**<br><br>735 Road 664 | |
| **Printed Name of Authorized Official** | **City**<br><br>Miles City | **Zip Code**<br><br>59301 |
| **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 FY2014** | Date Approved |
| | Signature |

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|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0349 | Spring Creek Elementary | 09 | Custer | EL 0179 Spring Creek Elem<br>HS<br>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**<br><br>735 Road 664 | |
| **Printed Name of Authorized Official** | **City**<br><br>Miles City | **Zip Code**<br><br>59301 |
| **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 FY2014** | Date Approved |
| | Signature |

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|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0352 | Cottonwood Elementary | 09 | Custer | EL 0182 Cottonwood Elem<br>HS<br>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**<br><br>1712 Road 403 | |
| **Printed Name of Authorized Official** | **City**<br><br>Ismay | **Zip Code**<br><br>59336 |
| **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:**

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|---|---|
| **Approved Rate for FY2014** | Date Approved |
| | Signature |

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|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0357 | Kinsey Elementary | 09 | Custer | EL 0187 Kinsey Elem<br>HS<br>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**<br><br>PO Box 386 | |
| **Printed Name of Authorized Official** | **City**<br><br>Kinsey | **Zip Code**<br><br>59338 |
| **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 FY2014** | Date Approved |
| | Signature |

| | |
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| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 0359 | S Y Elementary | 09 | Custer | EL 0189 S Y Elem<br>HS<br>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**<br><br>735 Road 664 | |
| **Printed Name of Authorized Official** | **City**<br><br>Miles City | **Zip Code**<br><br>59301 |
| **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 FY2014** | Date Approved |
| | Signature |

| | |
|---|---|
| Office of Public Instruction<br>Denise Juneau,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2013-2014<br><br>Due April 30, 2013 |

| SS # | School System (SS) Name | County # | County | LE's Included |
|---|---|---|---|---|
| 1074 | S H Elementary | 09 | Custer | EL 1238 S H Elem<br>HS<br>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**<br><br>6281 Moon Creek Rd | |
| **Printed Name of Authorized Official** | **City**<br><br>Miles City | **Zip Code**<br><br>59301 |
| **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:**

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|---|---|
| **Approved Rate for FY2014** | Date Approved |
| | Signature |