



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

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0545	Browning Public Schools	18	Glacier	EL 0400 Browning Elem HS 0401 Browning H S 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 610	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Browning	59417
<b>Title</b>	<b>Date</b>	

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:**

<b>Approved Rate for FY2017</b>	Date Approved
	Signature



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Superintendent  
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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

Due April 30, 2016

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0546	Cut Bank Public Schools	18	Glacier	EL 0402 Cut Bank Elem HS 0403 Cut Bank H S 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	101 3rd Avenue SE	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cut Bank	59427
<b>Title</b>	<b>Date</b>	

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

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0547	East Glacier Park Elem	18	Glacier	EL 0404 East Glacier Park Elem HS 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 150	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	E Glacier Park	59434
<b>Title</b>	<b>Date</b>	

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:

<b>Approved Rate for FY2017</b>	Date Approved
	Signature



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Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
1056	Mountain View Elementary	18	Glacier	EL 1222 Mountain View Elem HS 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1169	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cut Bank	594271169
<b>Title</b>	<b>Date</b>	

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	Signature