



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
0563	Davey Elementary	21	Hill	EL 0424 Davey Elem HS 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	
	PO Box 1829	
Printed Name of Authorized Official	City	Zip Code
	Havre	59501
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 FY2017	Date Approved
	Signature



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Denise Juneau,
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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
0564	Box Elder Public Schools	21	Hill	EL 0425 Box Elder Elem HS 0426 Box Elder 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.

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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 205	
Printed Name of Authorized Official	City	Zip Code
	Box Elder	59521
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 FY2017	Date Approved
	Signature



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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
0565	Havre Public Schools	21	Hill	EL 0427 Havre Elem HS 0428 Havre 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.

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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 7791	
Printed Name of Authorized Official	City	Zip Code
	Havre	59501
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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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
0577	Cottonwood Elementary	21	Hill	EL 0445 Cottonwood 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	14627 Wildhorse Road	
Printed Name of Authorized Official	City	Zip Code
	Havre	595018067
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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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
1043	Rocky Boy Public Schools	21	Hill	EL 1207 Rocky Boy Elem HS 1229 Rocky Boy H S K12

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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	
	RR 1 Box 620	
Printed Name of Authorized Official	City	Zip Code
	Box Elder	59521
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 FY2017	Date Approved
	Signature



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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
1049	Gildford Colony Elem	21	Hill	EL 1217 Gildford Colony 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 138	
Printed Name of Authorized Official	City	Zip Code
	Gildford	59525
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



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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
1071	North Star Public Schools	21	Hill	EL 1233 North Star Elem HS 1234 North Star 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 129	
Printed Name of Authorized Official	City	Zip Code
	Rudyard	59540
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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