| | |
|---|---|
| Office of Public Instruction<br>Linda McCulloch,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2008-2009<br><br>Due April 30, 2008 |

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0307 | 2 | Deer Park Elem | 15 | 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**<br><br>2105 Middle Road | |
| **Printed Name of Authorized Official** | **City**<br><br>Columbia Falls | **Zip Code**<br><br>59912 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0308 | 3 | Fair-Mont-Egan Elem | 15 | 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:

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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>797 Fairmont Road | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0309 | 4 | Swan River Elem | 15 | 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**<br>1205 Swan Highway | |
| **Printed Name of Authorized Official** | **City**<br>Bigfork | **Zip Code**<br>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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0310 | 5 | Kalispell Elem | 15 | 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**<br>233 First Ave East | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

| | |
|---|---|
| Office of Public Instruction<br>Linda McCulloch,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2008-2009<br><br>Due April 30, 2008 |

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0311 | 5 | Flathead H S | 15 | 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**<br><br>233 First Ave East | |
| **Printed Name of Authorized Official** | **City**<br><br>Kalispell | **Zip Code**<br><br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0312 | 6 | Columbia Falls Elem | 15 | 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**<br>PO Box 1259 | |
| **Printed Name of Authorized Official** | **City**<br>Columbia Falls | **Zip Code**<br>59912 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0313 | 6 | Columbia Falls H S | 15 | 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**<br>PO Box 1259 | |
| **Printed Name of Authorized Official** | **City**<br>Columbia Falls | **Zip Code**<br>59912 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0316 | 9 | Creston Elem | 15 | 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**<br>4495 Montana 35 | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0317 | 10 | Cayuse Prairie Elem | 15 | 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**<br>897 Lake Blaine Road | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0320 | 15 | Helena Flats Elem | 15 | 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**<br>1000 Helena Flats Road | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0323 | 20 | Kila Elem | 15 | 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**<br>PO Box 40 | |
| **Printed Name of Authorized Official** | **City**<br>Kila | **Zip Code**<br>59920 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0324 | 89 | Smith Valley Elem | 15 | 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**<br>2901 Highway 2 West | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

| | |
|---|---|
| Office of Public Instruction<br>Linda McCulloch,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2008-2009<br><br>Due April 30, 2008 |

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0325 | 27 | Pleasant Valley Elem | 15 | 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**<br><br>7975 Pleasant Valley Road | |
| **Printed Name of Authorized Official** | **City**<br><br>Marion | **Zip Code**<br><br>59925 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0327 | 29 | Somers Elem | 15 | 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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(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>PO Box 159 | |
| **Printed Name of Authorized Official** | **City**<br>Somers | **Zip Code**<br>59932 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0330 | 38 | Bigfork Elem | 15 | 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**<br>PO Box 188 | |
| **Printed Name of Authorized Official** | **City**<br>Bigfork | **Zip Code**<br>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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0331 | 38 | Bigfork H S | 15 | 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**<br>PO Box 188 | |
| **Printed Name of Authorized Official** | **City**<br>Bigfork | **Zip Code**<br>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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0334 | 44 | Whitefish Elem | 15 | 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**<br>600 East Second Street | |
| **Printed Name of Authorized Official** | **City**<br>Whitefish | **Zip Code**<br>59937 |
| **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 FY2009** | Date Approved |
| | Signature |

| | |
|---|---|
| Office of Public Instruction<br>Linda McCulloch,<br>Superintendent<br>PO Box 202501<br>Helena, MT 59620-2501 | **CERTIFICATION FOR INDIRECT COST RATE**<br>For FY 2008-2009<br><br>Due April 30, 2008 |

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0335 | 44 | Whitefish H S | 15 | 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**<br><br>600 East Second Street | |
| **Printed Name of Authorized Official** | **City**<br><br>Whitefish | **Zip Code**<br><br>59937 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0339 | 50 | Evergreen Elem | 15 | 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**<br>18 West Evergreen Drive | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0341 | 54 | Marion Elem | 15 | 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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| | | |
|---|---|---|
| **Signature of District Superintendent or Board Chairperson** | **Street Address or P.O. Box**<br>205 Gopher Lane | |
| **Printed Name of Authorized Official** | **City**<br>Marion | **Zip Code**<br>59925 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 0342 | 58 | Olney-Bissell Elem | 15 | 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**<br>5955 Farm To Market Road | |
| **Printed Name of Authorized Official** | **City**<br>Whitefish | **Zip Code**<br>59937 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 1184 | 1 | West Valley Elem | 15 | 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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| | | |
|---|---|---|
| **Signature of District Superintendent or Board Chairperson** | **Street Address or P.O. Box**<br>2290 Farm To Market Road | |
| **Printed Name of Authorized Official** | **City**<br>Kalispell | **Zip Code**<br>59901 |
| **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 FY2009** | Date Approved |
| | Signature |

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

# CERTIFICATION FOR INDIRECT COST RATE

For FY 2008-2009

Due April 30, 2008

| Legal Entity # | School Dist. # | School Name | County | Level |
|---|---|---|---|---|
| 1223 | 8 | West Glacier Elem | 15 | 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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| | | |
|---|---|---|
| **Signature of District Superintendent or Board Chairperson** | **Street Address or P.O. Box**<br>PO Box 309 | |
| **Printed Name of Authorized Official** | **City**<br>West Glacier | **Zip Code**<br>59936 |
| **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 FY2009** | Date Approved |
| | Signature |