Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0463	Deer Park Elementary	15	Flathead	EL 0307 Deer Park 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** 2105 Middle Road	
Printed Name of Authorized Official	**City** Columbia Falls	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0464	Fair-Mont-Egan Elementary	15	Flathead	EL 0308 Fair-Mont-Egan 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.

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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** 797 Fairmont Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0465	Swan River Elementary	15	Flathead	EL 0309 Swan River 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.

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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** 1205 Swan Highway	
Printed Name of Authorized Official	**City** Bigfork	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0466	Kalispell Public Schools	15	Flathead	EL 0310 Kalispell Elem HS 0311 Flathead 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.

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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** 233 First Ave East	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0467	Columbia Falls Pub Schls	15	Flathead	EL 0312 Columbia Falls Elem HS 0313 Columbia Falls 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.

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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 1259	
Printed Name of Authorized Official	**City** Columbia Falls	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0470	Creston Elementary	15	Flathead	EL 0316 Creston 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.

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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** 4495 Montana 35	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0471	Cayuse Prairie Elementary	15	Flathead	EL 0317 Cayuse Prairie 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:

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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** 897 Lake Blaine Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0474	Helena Flats Elementary	15	Flathead	EL 0320 Helena Flats 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.

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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** 1000 Helena Flats Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0477	Kila Elementary	15	Flathead	EL 0323 Kila 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.

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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 40	
Printed Name of Authorized Official	**City** Kila	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0478	Smith Valley Elementary	15	Flathead	EL 0324 Smith Valley 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.

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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** 2901 Highway 2 West	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0479	Pleasant Valley Elem	15	Flathead	EL 0325 Pleasant Valley 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.

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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** 7975 Pleasant Valley Road	
Printed Name of Authorized Official	**City** Marion	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0481	Somers Elementary	15	Flathead	EL 0327 Somers 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.

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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 159	
Printed Name of Authorized Official	**City** Somers	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0484	Bigfork Public Schools	15	Flathead	EL 0330 Bigfork Elem HS 0331 Bigfork 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** PO Box 188	
Printed Name of Authorized Official	**City** Bigfork	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0487	Whitefish Public Schools	15	Flathead	EL 0334 Whitefish Elem HS 0335 Whitefish 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** 600 East Second Street	
Printed Name of Authorized Official	**City** Whitefish	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0491	Evergreen Elementary	15	Flathead	EL 0339 Evergreen 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.

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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** 18 West Evergreen Drive	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0493	Marion Elementary	15	Flathead	EL 0341 Marion 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** 205 Gopher Lane	
Printed Name of Authorized Official	**City** Marion	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
0494	Olney-Bissell Elementary	15	Flathead	EL 0342 Olney-Bissell 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.

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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** 5955 Farm To Market Road	
Printed Name of Authorized Official	**City** Whitefish	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
1027	West Valley Elementary	15	Flathead	EL 1184 West Valley 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.

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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** 2290 Farm To Market Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2013	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2012-2013 Due April 30, 2012

SS #	School System (SS) Name	County #	County	LE's Included
1065	West Glacier Elementary	15	Flathead	EL 1223 West Glacier 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 309	
Printed Name of Authorized Official	**City** West Glacier	**Zip Code** 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 FY2013	Date Approved
	Signature