



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0221	Chinook Public Schools	03	Blaine	EL 0028 Chinook Elem HS 0029 Chinook 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 1059	
Printed Name of Authorized Official	City	Zip Code
	Chinook	59523
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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Denise Juneau,
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0222	Harlem Public Schools	03	Blaine	EL 0030 Harlem Elem HS 0031 Harlem 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 339	
Printed Name of Authorized Official	City	Zip Code
	Harlem	595260339
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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Superintendent
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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0223	Cleveland-Lone Tree Elem	03	Blaine	EL 0032 Cleveland 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	
	22820 Cleveland Road	
Printed Name of Authorized Official	City	Zip Code
	Chinook	59523
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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CERTIFICATION FOR INDIRECT COST RATE

For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0225	Zurich Elementary	03	Blaine	EL 0034 Zurich Elem HS 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	
	7405 Paradise Valley Rd	
Printed Name of Authorized Official	City	Zip Code
	Chinook	59523
Title	Date	

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

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0234	Turner Public Schools	03	Blaine	EL 0044 Turner Elem HS 0045 Turner 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 40	
Printed Name of Authorized Official	City	Zip Code
	Turner	59542
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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	Signature



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Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0235	Hays-Lodge Pole K-12 Schls	03	Blaine	EL HS K12 1213 Hays-Lodge Pole K-12 Schls

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 110	
Printed Name of Authorized Official	City	Zip Code
	Hays	59527
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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CERTIFICATION FOR INDIRECT COST RATE

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Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
0237	Bear Paw Elementary	03	Blaine	EL 0048 Bear Paw 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	
	29815 Clear Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Chinook	59523
Title	Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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For FY 2013-2014

Due April 30, 2013

SS #	School System (SS) Name	County #	County	LE's Included
1048	North Harlem Colony Elem	03	Blaine	EL 1216 North Harlem 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	
	755 Hillcrest Road	
Printed Name of Authorized Official	City	Zip Code
	Harlem	59526
Title	Date	

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Helena, MT 59620-2501

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