



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 |
|------|--------------------------|----------|----------|--|
| 0307 | Fort Benton Public Schls | 08 | Chouteau | EL 0133 Fort Benton Elem HS 0134 Fort Benton 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 | |
| | PO Box 399 | |
| Printed Name of Authorized Official | City | Zip Code |
| | Fort Benton | 59442 |
| 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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Due April 30, 2013

| SS # | School System (SS) Name | County # | County | LE's Included |
|------|--------------------------|----------|----------|--|
| 0310 | Big Sandy Public Schools | 08 | Chouteau | EL 0137 Big Sandy Elem HS 0138 Big Sandy 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 | |
| | PO Box 570 | |
| Printed Name of Authorized Official | City | Zip Code |
| | Big Sandy | 59520 |
| 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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| SS # | School System (SS) Name | County # | County | LE's Included |
|------|-------------------------|----------|----------|--|
| 0317 | Highwood Public Schools | 08 | Chouteau | EL 0145 Highwood Elem HS 0146 Highwood H S K12 |

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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| | | |
|--|-----------------------------------|-----------------|
| Signature of District Superintendent or Board Chairperson | Street Address or P.O. Box | |
| | 160 West Street South | |
| Printed Name of Authorized Official | City | Zip Code |
| | Highwood | 59450 |
| 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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Due April 30, 2013

| SS # | School System (SS) Name | County # | County | LE's Included |
|------|--------------------------|----------|----------|-------------------------------------|
| 0324 | Geraldine Public Schools | 08 | Chouteau | EL HS K12 0154 Geraldine K-12 |

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|--|-----------------------------------|-----------------|
| Signature of District Superintendent or Board Chairperson | Street Address or P.O. Box | |
| | PO Box 347 | |
| Printed Name of Authorized Official | City | Zip Code |
| | Geraldine | 59446 |
| 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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Due April 30, 2013

| SS # | School System (SS) Name | County # | County | LE's Included |
|------|-------------------------|----------|----------|----------------------------------|
| 0329 | Carter Elementary | 08 | Chouteau | EL 0159 Carter Elem HS K12 |

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| Signature of District Superintendent or Board Chairperson | Street Address or P.O. Box | |
| | Box 159 | |
| Printed Name of Authorized Official | City | Zip Code |
| | Carter | 59420 |
| Title | Date | |

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

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| SS # | School System (SS) Name | County # | County | LE's Included |
|------|-------------------------|----------|----------|---------------------------------|
| 0331 | Knees Elementary | 08 | Chouteau | EL 0161 Knees Elem HS K12 |

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| | | |
|--|-----------------------------------|-----------------|
| Signature of District Superintendent or Board Chairperson | Street Address or P.O. Box | |
| | 1018 Charlson Drive | |
| Printed Name of Authorized Official | City | Zip Code |
| | Carter | 59420 |
| Title | Date | |

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| SS # | School System (SS) Name | County # | County | LE's Included |
|------|-------------------------|----------|----------|---------------------------------------|
| 0341 | Benton Lake Elementary | 08 | Chouteau | EL 0171 Benton Lake Elem HS K12 |

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| Signature of District Superintendent or Board Chairperson | Street Address or P.O. Box | |
| | 17557 Bootlegger Trail | |
| Printed Name of Authorized Official | City | Zip Code |
| | Flowerree | 59440 |
| Title | Date | |

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Helena, MT 59620-2501

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