



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0831	Sidney Public Schools	42	Richland	EL 0745 Sidney Elem HS 0746 Sidney 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	
	200 3rd Ave SE	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
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 FY2015	Date Approved
	Signature



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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0832	Savage Public Schools	42	Richland	EL 0747 Savage Elem HS 0748 Savage 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 110	
Printed Name of Authorized Official	City	Zip Code
	Savage	59262
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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CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0833	Brorson Elementary	42	Richland	EL 0749 Brorson 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 145	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
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

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0834	Fairview Public Schools	42	Richland	EL 0750 Fairview Elem HS 0751 Fairview 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 467	
Printed Name of Authorized Official	City	Zip Code
	Fairview	59221
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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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0837	Rau Elementary	42	Richland	EL 0754 Rau 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	
	12138 County Rd #350	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
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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Approved Rate for FY2015	Date Approved
	Signature



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0851	Lambert Public Schools	42	Richland	EL 0768 Lambert Elem HS 0769 Lambert 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 260	
Printed Name of Authorized Official	City	Zip Code
	Lambert	59243
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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