



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
0908	Park City Public Schools	48	Stillwater	EL 0846 Park City Elem HS 0847 Park City 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 278	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Park City	59063
<b>Title</b>	<b>Date</b>	

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:

<b>Approved Rate for FY2015</b>	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
0909	Columbus Public Schools	48	Stillwater	EL 0848 Columbus Elem HS 0849 Columbus 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	433 N 3rd St	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Columbus	590197165
<b>Title</b>	<b>Date</b>	

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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
0910	Reed Point Public Schools	48	Stillwater	EL 0850 Reed Point Elem HS 0851 Reed Point 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 338	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Reed Point	59069
<b>Title</b>	<b>Date</b>	

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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 2014-2015

Due April 30, 2014

SS #	School System (SS) Name	County #	County	LE's Included
0911	Molt Elementary	48	Stillwater	EL 0852 Molt 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 70	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Molt	59057
<b>Title</b>	<b>Date</b>	

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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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
0912	Fishtail Elementary	48	Stillwater	EL 0853 Fishtail Elem HS K12

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

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 75	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fishtail	59028
<b>Title</b>	<b>Date</b>	

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Office of Public Instruction  
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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
0916	Nye Elementary	48	Stillwater	EL 0857 Nye 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 472	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Nye	59061
<b>Title</b>	<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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PO Box 202501  
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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
0917	Rapelje Public Schools	48	Stillwater	EL 0858 Rapelje Elem HS 0859 Rapelje 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 89	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Rapelje	59067
<b>Title</b>	<b>Date</b>	

Send completed form to:  
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
0919	Absarokee Public Schools	48	Stillwater	EL 0861 Absarokee Elem HS 0862 Absarokee H S K12

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

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	327 S Woodard Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Absarokee	59001
<b>Title</b>	<b>Date</b>	

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Office of Public Instruction  
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Helena, MT 59620-2501

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Denise Juneau,  
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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
6185	Stillwater/Swt Grass Coop	48	Stillwater	EL HS K12

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

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 669	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Columbus	59019
<b>Title</b>	<b>Date</b>	

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