Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2016-2017 Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0259	Hawks Home Elementary	06	Carter	EL 0078 Hawks Home 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** 11 Talcott Lane	
Printed Name of Authorized Official	**City** Hammond	**Zip Code** 59332
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 FY2017	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2016-2017 Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0277	Alzada Elementary	06	Carter	EL 0096 Alzada 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** Box 8	
Printed Name of Authorized Official	**City** Alzada	**Zip Code** 59311
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 FY2017	Date Approved
	Signature

Office of Public Instruction Denise Juneau, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2016-2017 Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
1052	Ekalaka Public Schools	06	Carter	EL 0087 Ekalaka Elem HS 0097 Carter County 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** Box 458	
Printed Name of Authorized Official	**City** Ekalaka	**Zip Code** 59324
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 FY2017	Date Approved
	Signature