



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
0420	Lewistown Public Schools	14	Fergus	EL 0258 Lewistown Elem HS 0259 Fergus 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>	
	215 7th Avenue South	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lewistown	59457
<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 FY2017</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 2016-2017

Due April 30, 2016

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0425	Deerfield Elementary	14	Fergus	EL 0264 Deerfield Elem HS K12

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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>	
	1211 Oro Country Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lewistown	594579513
<b>Title</b>	<b>Date</b>	

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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0429	Grass Range Public Schls	14	Fergus	EL 0268 Grass Range Elem HS 0269 Grass Range 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 58	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Grass Range	59032
<b>Title</b>	<b>Date</b>	

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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
0432	King Colony Elementary	14	Fergus	EL 0272 King Colony 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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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	982 Jenni Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lewistown	59457
<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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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0433	Moore Public Schools	14	Fergus	EL 0273 Moore Elem HS 0274 Moore 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>	
	509 Highland	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Moore	59464
<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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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0438	Roy K-12 Schools	14	Fergus	EL HS K12 0280 Roy K-12 Schools

**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>	
	Box 9	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Roy	59471
<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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PO Box 202501  
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### CERTIFICATION FOR INDIRECT COST RATE

For FY 2016-2017

Due April 30, 2016

SS #	School System (SS) Name	County #	County	LE's Included
0439	Denton Public Schools	14	Fergus	EL 0281 Denton Elem HS 0282 Denton H S K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1048	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Denton	59430
<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  
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
0445	Spring Creek Colony Elem	14	Fergus	EL 0288 Spring Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1185	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lewistown	59457
<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 FY2017</b>	Date Approved
	Signature



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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
0447	Winifred K-12 Schools	14	Fergus	EL HS K12 0291 Winifred K-12 Schools

**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>	
	Box 109	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Winifred	59489
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

Due April 30, 2016

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1050	Ayers Elementary	14	Fergus	EL 1218 Ayers Elem HS K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 100	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Grass Range	59032
<b>Title</b>	<b>Date</b>	

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