



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0197	Grant Elementary	01	Beaverhead	EL 0003 Grant 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:

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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>	
	811 E Orr	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dillon	59725
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0199	Dillon Elementary	01	Beaverhead	EL 0005 Dillon 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>	
	22 North Cottom	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dillon	59725
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0200	Beaverhead Co High School	01	Beaverhead	EL HS 0006 Beaverhead County H S 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>	
	104 North Pacific Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dillon	59725
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0201	Wise River Elementary	01	Beaverhead	EL 0007 Wise River 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>	
	School House Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wise River	59762
<b>Title</b>	<b>Date</b>	

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 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0202	Lima K-12 Schools	01	Beaverhead	EL HS K12 0009 Lima 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>	
	PO Box 186	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lima	59739
<b>Title</b>	<b>Date</b>	

Send completed form to:  
 School Accounting and Budgeting  
 Office of Public Instruction  
 PO Box 202501  
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For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0203	Wisdom Elementary	01	Beaverhead	EL 0010 Wisdom 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 176	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wisdom	59761
<b>Title</b>	<b>Date</b>	

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

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0205	Polaris Elementary	01	Beaverhead	EL 0012 Polaris Elem HS K12

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	19200 Hwy 278	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dillon	59725
<b>Title</b>	<b>Date</b>	

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

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0207	Jackson Elementary	01	Beaverhead	EL 0014 Jackson 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 835	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Jackson	59736
<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

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For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0208	Reichle Elementary	01	Beaverhead	EL 0015 Reichle Elem HS K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 320097	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Glen	59732
<b>Title</b>	<b>Date</b>	

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For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0213	Spring Creek Elementary	02	Big Horn	EL 0020 Spring Creek Elem HS K12

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

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	Box 118	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Decker	59025
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0214	Pryor Public Schools	02	Big Horn	EL 0021 Pryor Elem HS 1214 Plenty Coups H S K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 229	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Pryor	59066
<b>Title</b>	<b>Date</b>	

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0216	Hardin Public Schools	02	Big Horn	EL 0023 Hardin Elem HS 1189 Hardin H S K12

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	585 W. John Deere Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hardin	590342505
<b>Title</b>	<b>Date</b>	

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

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**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0218	Lodge Grass Public Schls	02	Big Horn	EL 0025 Lodge Grass Elem HS 1190 Lodge Grass H S K12

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	PO Box 810	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lodge Grass	590500559
<b>Title</b>	<b>Date</b>	

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	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0219	Wyola Elementary	02	Big Horn	EL 0026 Wyola 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.

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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 66	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wyola	59089
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0221	Chinook Public Schools	03	Blaine	EL 0028 Chinook Elem HS 0029 Chinook 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 1059	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0222	Harlem Public Schools	03	Blaine	EL 0030 Harlem Elem HS 0031 Harlem 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 339	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harlem	595260339
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0223	Cleveland-Lone Tree Elem	03	Blaine	EL 0032 Cleveland 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	22820 Cleveland Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0225	Zurich Elementary	03	Blaine	EL 0034 Zurich 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>	
	7405 Paradise Valley Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<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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 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0234	Turner Public Schools	03	Blaine	EL 0044 Turner Elem HS 0045 Turner 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 40	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Turner	59542
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0235	Hays-Lodge Pole K-12 Schls	03	Blaine	EL HS K12 1213 Hays-Lodge Pole K-12 Schls

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 110	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hays	59527
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0237	Bear Paw Elementary	03	Blaine	EL 0048 Bear Paw 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>	
	29815 Clear Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chinook	59523
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1048	North Harlem Colony Elem	03	Blaine	EL 1216 North Harlem 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>	
	755 Hillcrest Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harlem	59526
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1051	Townsend K-12 Schools	04	Broadwater	EL HS K12 0055 Townsend K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	201 N Spruce	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Townsend	596442215
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0244	Red Lodge Public Schools	05	Carbon	EL 0056 Red Lodge Elem HS 0057 Red Lodge 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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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1090	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Red Lodge	59068
<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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Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0245	Bridger K-12 Schools	05	Carbon	EL HS K12 0059 Bridger K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	429 W. Park Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bridger	59014
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0246	Joliet Public Schools	05	Carbon	EL 0060 Joliet Elem HS 0061 Joliet 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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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 590	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Joliet	59041
<b>Title</b>	<b>Date</b>	

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

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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



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 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0253	Roberts K-12 Schools	05	Carbon	EL HS K12 0069 Roberts K-12 Schools

**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 78	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Roberts	59070
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0255	Fromberg K-12	05	Carbon	EL HS K12 0072 Fromberg K-12

**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:

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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>	
	319 School Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fromberg	59029
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0257	Belfry K-12 Schools	05	Carbon	EL HS K12 0076 Belfry K-12 Schools

**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:

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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 210	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belfry	59008
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1069	Luther Elementary	05	Carbon	EL 1231 Luther 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:

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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>	
	1401 Red Lodge Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Red Lodge	59068
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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:

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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>	
	11 Talcott Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hammond	59332
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

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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 8	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Alzada	59311
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.

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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 458	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ekalaka	59324
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0278	Great Falls Public Schls	07	Cascade	EL 0098 Great Falls Elem HS 0099 Great Falls 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 2429	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Great Falls	59403
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0280	Cascade Public Schools	07	Cascade	EL 0101 Cascade Elem HS 0102 Cascade 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 529	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cascade	59421
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0282	Centerville Public Schls	07	Cascade	EL 0104 Centerville Elem HS 0105 Centerville 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	693 Stockett Rd Box 100	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sand Coulee	59472
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0289	Belt Public Schools	07	Cascade	EL 0112 Belt Elem HS 0113 Belt 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 197	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belt	59412
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0301	Vaughn Elementary	07	Cascade	EL 0127 Vaughn 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 279	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Vaughn	59487
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0305	Ulm Elementary	07	Cascade	EL 0131 Ulm 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 189	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ulm	59485
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1067	Sun River Valley Pub Schls	07	Cascade	EL 1225 Sun River Valley Elem HS 0118 Simms 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 380	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Simms	59477
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.

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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 399	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fort Benton	59442
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 570	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Big Sandy	59520
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	160 West Street South	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Highwood	59450
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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

**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:

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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 347	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Geraldine	59446
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0329	Carter Elementary	08	Chouteau	EL 0159 Carter 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 159	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Carter	59420
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0331	Knees Elementary	08	Chouteau	EL 0161 Knees 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1018 Charlson Drive	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Carter	59420
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0341	Benton Lake Elementary	08	Chouteau	EL 0171 Benton Lake 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	17557 Bootlegger Trail	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Floweree	59440
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0342	Miles City Public Schools	09	Custer	EL 0172 Miles City Elem HS 0192 Custer 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.

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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>	
	1604 Main Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0343	Kircher Elementary	09	Custer	EL 0173 Kircher 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	331 Kircher Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0347	Trail Creek Elementary	09	Custer	EL 0177 Trail Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	735 Road 664	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0349	Spring Creek Elementary	09	Custer	EL 0179 Spring Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	735 Road 664	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0352	Cottonwood Elementary	09	Custer	EL 0182 Cottonwood 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1712 Road 403	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ismay	59336
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0357	Kinsey Elementary	09	Custer	EL 0187 Kinsey 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 386	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kinsey	59338
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0359	S Y Elementary	09	Custer	EL 0189 S Y 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	735 Road 664	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1074	S H Elementary	09	Custer	EL 1238 S H 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6281 Moon Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Miles City	59301
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0363	Scobey K-12 Schools	10	Daniels	EL HS K12 0194 Scobey K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 10	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Scobey	59263
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0373	Glendive Public Schools	11	Dawson	EL 0206 Glendive Elem HS 0207 Dawson 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:

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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 701	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Glendive	59330
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0381	Bloomfield Elementary	11	Dawson	EL 0215 Bloomfield 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:

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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>	
	207 West Bell	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Glendive	59330
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0382	Lindsay Elementary	11	Dawson	EL 0216 Lindsay 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:

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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 185	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lindsay	59339
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0393	Richey Public Schools	11	Dawson	EL 0227 Richey Elem HS 0228 Richey 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 60	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Richey	59259
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1029	Deer Creek Elementary	11	Dawson	EL 1193 Deer Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	12 Road 564	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Glendive	59330
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0401	Anaconda Public Schools	12	Deer Lodge	EL 0236 Anaconda Elem HS 0237 Anaconda 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1410 West Park Ave.	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Anaconda	59711
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0407	Baker K-12 Schools	13	Fallon	EL HS K12 0244 Baker K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 659	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Baker	59313
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0418	Plevna K-12 Schools	13	Fallon	EL HS K12 0256 Plevna K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 158	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Plevna	59344
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.

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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>	
	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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<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

**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.

<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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.)

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:

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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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

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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>	
	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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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

**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.

<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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.)

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:

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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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<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

**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.

<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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0463	Deer Park Elementary	15	Flathead	EL 0307 Deer Park 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	2105 Middle Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Columbia Falls	59912
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0464	Fair-Mont-Egan Elementary	15	Flathead	EL 0308 Fair-Mont-Egan 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	797 Fairmont Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0465	Swan River Elementary	15	Flathead	EL 0309 Swan River 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1205 Swan Highway	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bigfork	59911
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0466	Kalispell Public Schools	15	Flathead	EL 0310 Kalispell Elem HS 0311 Flathead 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	233 First Ave East	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0467	Columbia Falls Pub Schls	15	Flathead	EL 0312 Columbia Falls Elem HS 0313 Columbia Falls 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:

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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 1259	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Columbia Falls	59912
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0470	Creston Elementary	15	Flathead	EL 0316 Creston 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:

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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>	
	4495 Montana 35	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0471	Cayuse Prairie Elementary	15	Flathead	EL 0317 Cayuse Prairie 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:

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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>	
	897 Lake Blaine Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0474	Helena Flats Elementary	15	Flathead	EL 0320 Helena Flats 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1000 Helena Flats Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0477	Kila Elementary	15	Flathead	EL 0323 Kila 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 40	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kila	59920
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0478	Smith Valley Elementary	15	Flathead	EL 0324 Smith Valley 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	2901 Highway 2 West	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0479	Pleasant Valley Elem	15	Flathead	EL 0325 Pleasant Valley 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	7975 Pleasant Valley Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Marion	59925
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0481	Somers Elementary	15	Flathead	EL 0327 Somers 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 159	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Somers	59932
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0484	Bigfork Public Schools	15	Flathead	EL 0330 Bigfork Elem HS 0331 Bigfork 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 188	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bigfork	59911
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0487	Whitefish Public Schools	15	Flathead	EL 0334 Whitefish Elem HS 0335 Whitefish 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	600 East Second Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Whitefish	59937
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0491	Evergreen Elementary	15	Flathead	EL 0339 Evergreen 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	18 West Evergreen Drive	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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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	Signature



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 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0493	Marion Elementary	15	Flathead	EL 0341 Marion 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>	
	205 Gopher Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Marion	59925
<b>Title</b>	<b>Date</b>	

Send completed form to:  
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 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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0494	Olney-Bissell Elementary	15	Flathead	EL 0342 Olney-Bissell 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.

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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>	
	5955 Farm To Market Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Whitefish	59937
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1027	West Valley Elementary	15	Flathead	EL 1184 West Valley 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:

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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>	
	2290 Farm To Market Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Kalispell	59901
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1065	West Glacier Elementary	15	Flathead	EL 1223 West Glacier 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:

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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 309	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	West Glacier	59936
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0499	Manhattan Public Schools	16	Gallatin	EL 0347 Manhattan School HS 0348 Manhattan High School 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 425	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Manhattan	597410425
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0501	Bozeman Public Schools	16	Gallatin	EL 0350 Bozeman Elem HS 0351 Bozeman 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 520	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59771
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0504	Willow Creek Public Schls	16	Gallatin	EL 0354 Willow Creek Elem HS 0355 Willow Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 189	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Willow Creek	59760
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0506	Springhill Elementary	16	Gallatin	EL 0357 Springhill 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:

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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>	
	6020 Springhill Comm Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0508	Cottonwood Elementary	16	Gallatin	EL 0359 Cottonwood 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	13233 Cottonwood Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59718
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0509	Three Forks Public Schls	16	Gallatin	EL 0360 Three Forks Elem HS 0361 Three Forks 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	212 East Neal	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Three Forks	59752
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0510	Pass Creek Elementary	16	Gallatin	EL 0362 Pass Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	3747 Pass Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0511	Monforton Elementary	16	Gallatin	EL 0363 Monforton 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6001 Monforton School Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59718
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0512	Gallatin Gateway Elem	16	Gallatin	EL 0364 Gallatin Gateway 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 265	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gallatin Gateway	59730
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0514	Anderson Elementary	16	Gallatin	EL 0366 Anderson 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>	
	10040 Cottonwood Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59718
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0515	LaMotte Elementary	16	Gallatin	EL 0367 LaMotte 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.

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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>	
	841 Bear Canyon Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59715
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0516	Belgrade Public Schools	16	Gallatin	EL 0368 Belgrade Elem HS 0369 Belgrade 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 166	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0517	Malmborg Elementary	16	Gallatin	EL 0370 Malmborg 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	375 Jackson Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bozeman	59715
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0520	West Yellowstone K-12 Schls	16	Gallatin	EL HS K12 0374 West Yellowstone K-12

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 460	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	West Yellowstone	59758
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0521	Big Sky K-12 Schools	16	Gallatin	EL HS K12 1239 Big Sky School K-12

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 161280	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Big Sky	59716
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0522	Amsterdam Elementary	16	Gallatin	EL 0376 Amsterdam 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6360 Camp Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Manhattan	59741
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
6177	Gallatin/Madison Coop	16	Gallatin	EL 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 162	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Belgrade	59714
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0523	Jordan Public Schools	17	Garfield	EL 0377 Jordan Elem HS 0378 Garfield 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.

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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 409	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Jordan	59337
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0530	Pine Grove Elementary	17	Garfield	EL 0385 Pine Grove 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	3646 Brusett Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Brusett	59318
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0531	Kester Elementary	17	Garfield	EL 0386 Kester 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	2031 Haxby Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Jordan	59337
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0532	Cohagen Elementary	17	Garfield	EL 0387 Cohagen 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 113	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cohagen	59322
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0537	Sand Springs Elementary	17	Garfield	EL 0392 Sand Springs 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	160 Twin Buttes Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sand Springs	59077
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0539	Ross Elementary	17	Garfield	EL 0394 Ross 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1491 Old Stage Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Mosby	59058
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0545	Browning Public Schools	18	Glacier	EL 0400 Browning Elem HS 0401 Browning 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 610	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Browning	59417
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0546	Cut Bank Public Schools	18	Glacier	EL 0402 Cut Bank Elem HS 0403 Cut Bank 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:

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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>	
	101 3rd Avenue SE	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cut Bank	59427
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0547	East Glacier Park Elem	18	Glacier	EL 0404 East Glacier Park 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:

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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 150	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	E Glacier Park	59434
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1056	Mountain View Elementary	18	Glacier	EL 1222 Mountain View 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:

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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 1169	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cut Bank	594271169
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0549	Ryegate K-12 Schools	19	Golden Valley	EL HS K12 0407 Ryegate K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 129	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ryegate	59074
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0552	Lavina K-12 Schools	19	Golden Valley	EL HS K12 0411 Lavina K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 290	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lavina	59046
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0556	Philipsburg K-12 Schools	20	Granite	EL HS K12 0416 Philipsburg K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 400	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Philipsburg	59858
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0558	Hall Elementary	20	Granite	EL 0418 Hall 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:

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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>	
	109 West Main	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hall	59837
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0559	Drummond Public Schools	20	Granite	EL 0419 Drummond Elem HS 0420 Drummond 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:

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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 349, 108 West Edwards	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Drummond	59832
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0563	Davey Elementary	21	Hill	EL 0424 Davey 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1829	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Havre	59501
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0564	Box Elder Public Schools	21	Hill	EL 0425 Box Elder Elem HS 0426 Box Elder 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 205	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Box Elder	59521
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0565	Havre Public Schools	21	Hill	EL 0427 Havre Elem HS 0428 Havre 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 7791	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Havre	59501
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0577	Cottonwood Elementary	21	Hill	EL 0445 Cottonwood 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>	
	14627 Wildhorse Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Havre	595018067
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1043	Rocky Boy Public Schools	21	Hill	EL 1207 Rocky Boy Elem HS 1229 Rocky Boy 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	RR 1 Box 620	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Box Elder	59521
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1049	Gildford Colony Elem	21	Hill	EL 1217 Gildford 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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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 138	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gildford	59525
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1071	North Star Public Schools	21	Hill	EL 1233 North Star Elem HS 1234 North Star 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:

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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 129	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Rudyard	59540
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0584	Clancy Elementary	22	Jefferson	EL 0452 Clancy 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 209	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Clancy	59634
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0585	Whitehall Public Schools	22	Jefferson	EL 0453 Whitehall Elem HS 0454 Whitehall 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 1109	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Whitehall	59759
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0586	Basin Elementary	22	Jefferson	EL 0455 Basin 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 128	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Basin	59631
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0587	Boulder Elementary	22	Jefferson	EL 0456 Boulder 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1346	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Boulder	59632
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0589	Cardwell Elementary	22	Jefferson	EL 0458 Cardwell 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	80 Highway 359	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cardwell	59721
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0591	Montana City Elementary	22	Jefferson	EL 0460 Montana City 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	11 McClellan Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Clancy	59634
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1033	Jefferson High School	22	Jefferson	EL HS 0457 Jefferson 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 838	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Boulder	59632
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0593	Stanford K-12 Schools	23	Judith Basin	EL HS K12 0464 Stanford K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 506	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Stanford	59479
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0597	Hobson K-12 Schools	23	Judith Basin	EL HS K12 0469 Hobson K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 410	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hobson	59452
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0600	Geyser Public Schools	23	Judith Basin	EL 0472 Geysers Elem HS 0473 Geysers 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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(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 70	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Geyser	59447
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0601	Arlee Public Schools	24	Lake	EL 0474 Arlee Elem HS 0475 Arlee 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:

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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>	
	72220 Fyant Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Arlee	59821
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0603	Polson Public Schools	24	Lake	EL 0477 Polson Elem HS 0478 Polson 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	111 4th Avenue East	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Polson	59860
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0605	St Ignatius K-12 Schools	24	Lake	EL HS K12 0481 St Ignatius K-12 Schools

**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:

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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 1540	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	St Ignatius	598651540
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0607	Valley View Elementary	24	Lake	EL 0483 Valley View 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	42448 Valley View Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Polson	59860
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0610	Swan Lake-Salmon Elem	24	Lake	EL 0486 Swan Lake-Salmon 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 5086	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Swan Lake	59911
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1037	Ronan Public Schools	24	Lake	EL 1199 Ronan Elem HS 1200 Ronan 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	421 Andrew Street NW	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ronan	598642302
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1042	Charlo Public Schools	24	Lake	EL 1205 Charlo Elem HS 1206 Charlo 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 10	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Charlo	59824
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1046	Upper West Shore Elem	24	Lake	EL 1211 Upper West Shore 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 195	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dayton	59914
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0611	Helena Public Schools	25	Lewis & Clark	EL 0487 Helena Elem HS 0488 Helena 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	55 South Rodney	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Helena	596015763
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0614	Trinity Elementary	25	Lewis & Clark	EL 0491 Trinity 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 523	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Canyon Creek	59633
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0615	East Helena Elementary	25	Lewis & Clark	EL 1240 East Helena 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1280	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	East Helena	59635
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0618	Wolf Creek Elementary	25	Lewis & Clark	EL 0495 Wolf Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 200	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wolf Creek	59648
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0621	Auchard Creek Elementary	25	Lewis & Clark	EL 0498 Auchard Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	9605 Hwy 287	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wolf Creek	596488637
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0624	Lincoln K-12 Schools	25	Lewis & Clark	EL HS K12 1221 Lincoln K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 39	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lincoln	59639
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0625	Augusta Public Schools	25	Lewis & Clark	EL 0502 Augusta Elem HS 0503 Augusta 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 307	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Augusta	59410
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1066	Liberty Elementary	26	Liberty	EL 1224 Liberty 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 78 333 2100 Rd S	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Galata	59444
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1073	Chester-Joplin-Inverness PS	26	Liberty	EL 1236 Chester-Joplin-Inverness El HS 1237 Chester-Joplin-Inverness 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 550	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Chester	59522
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0639	Troy Public Schools	27	Lincoln	EL 0519 Troy Elem HS 0520 Troy 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 867	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Troy	59935
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0640	Libby K-12 Schools	27	Lincoln	EL HS K12 0522 Libby K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	724 Louisiana Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Libby	59923
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0645	Eureka Public Schools	27	Lincoln	EL 0527 Eureka Elem HS 0528 Lincoln 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.

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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 2000	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Eureka	59917
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0646	Fortine Elementary	27	Lincoln	EL 0529 Fortine 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 96	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fortine	59918
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0647	McCormick Elementary	27	Lincoln	EL 0530 McCormick 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1564 Old Highway 2 North	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Troy	59935
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0650	Yaak Elementary	27	Lincoln	EL 0533 Yaak 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	29893 Yaak River Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Troy	59935
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0651	Trego Elementary	27	Lincoln	EL 0534 Trego 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 10	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Trego	59934
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0653	Alder-Upper Ruby Elem	28	Madison	EL 0536 Alder 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 127	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Alder	59710
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0654	Sheridan Public Schools	28	Madison	EL 0537 Sheridan Elem HS 0538 Sheridan 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 586	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sheridan	59749
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0655	Twin Bridges K-12 Schools	28	Madison	EL HS K12 0540 Twin Bridges K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 419	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Twin Bridges	59754
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0657	Harrison K-12 Schools	28	Madison	EL HS K12 0543 Harrison K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 7	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harrison	59735
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0659	Ennis K-12 Schools	28	Madison	EL HS K12 0546 Ennis K-12 Schools

**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:

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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 517	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ennis	59729
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0660	Circle Public Schools	29	McCone	EL 0547 Circle Elem HS 0548 Circle 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 99	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Circle	59215
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0678	Vida Elementary	29	McCone	EL 0566 Vida 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 180	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Circle	59215
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0681	White Sul Spgs Pub Schls	30	Meagher	EL 0569 White Sulphur Spgs Elem HS 0570 White Sulphur Spgs 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box C	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	White Sulphur Springs	59645
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0687	Alberton K-12 Schools	31	Mineral	EL HS K12 0577 Alberton K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 330	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Alberton	59820
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0688	Superior K-12 Schools	31	Mineral	EL HS K12 0579 Superior K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 400	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Superior	59872
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0690	St Regis K-12 Schools	31	Mineral	EL HS K12 0582 St Regis K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 280	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	St Regis	59866
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0692	Missoula Co Public Schls	32	Missoula	EL 0583 Missoula Elem HS 0584 Missoula 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	215 South 6th West	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Missoula	59801
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0694	Hellgate Elementary	32	Missoula	EL 0586 Hellgate 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	2385 Flynn Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Missoula	59808
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0696	Lolo Elementary	32	Missoula	EL 0588 Lolo 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	11395 Highway 93 South	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lolo	59847
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0697	Potomac Elementary	32	Missoula	EL 0589 Potomac 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.

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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>	
	29750 Potomac Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bonner	59823
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0698	Bonner Elementary	32	Missoula	EL 0590 Bonner 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:

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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 1004	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bonner	59823
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0699	Woodman Elementary	32	Missoula	EL 0591 Woodman 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	18470 Highway 12 West	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lolo	59847
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0700	DeSmet Elementary	32	Missoula	EL 0592 DeSmet 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:

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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>	
	6355 Padre Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Missoula	59808
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0701	Target Range Elementary	32	Missoula	EL 0593 Target Range 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:

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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>	
	4095 South Avenue West	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Missoula	59804
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0702	Sunset Elementary	32	Missoula	EL 0594 Sunset 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:

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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>	
	5024 Sunset Hill Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Greenough	59823
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0703	Clinton Elementary	32	Missoula	EL 0595 Clinton 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:

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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 250	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Clinton	59825
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0704	Swan Valley Elementary	32	Missoula	EL 0596 Swan Valley 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6423 Highway 83	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Condon	59826
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0705	Seeley Lake Elementary	32	Missoula	EL 0597 Seeley Lake 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:

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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 840	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Seeley Lake	59868
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0706	Frenchtown K-12 Schools	32	Missoula	EL HS K12 0599 Frenchtown K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 117	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Frenchtown	59834
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0711	Roundup Public Schools	33	Musselshell	EL 0605 Roundup Elem HS 0606 Roundup High School 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	700 3rd Street W	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Roundup	59072
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0712	Melstone Public Schools	33	Musselshell	EL 0607 Melstone Elem HS 0608 Melstone 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 97	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Melstone	59054
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0716	Livingston Public Schools	34	Park	EL 0612 Livingston Elem HS 0613 Park 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	132 South B Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Livingston	59047
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0718	Gardiner Public Schools	34	Park	EL 0614 Gardiner Elem HS 1191 Gardiner 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	510 Stone Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gardiner	59030
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0721	Cooke City Elementary	34	Park	EL 0617 Cooke City 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 1070	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Cooke City	59020
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0724	Pine Creek Elementary	34	Park	EL 0620 Pine Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	2575 East River Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Livingston	59047
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0737	Springdale Elementary	34	Park	EL 0635 Springdale 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:

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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 102	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Springdale	59082
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1047	Arrowhead Schools	34	Park	EL 1215 Arrowhead 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 37	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Pray	59065
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1068	Shields Valley Pub Schls	34	Park	EL 1227 Shields Valley Elem HS 1228 Shields Valley 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 40	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Clyde Park	59018
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0743	Winnett K-12 Schools	35	Petroleum	EL HS K12 0642 Winnett K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 167	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Winnett	59087
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0748	Dodson K-12	36	Phillips	EL HS K12 0648 Dodson K-12

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 278	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dodson	59524
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0756	Saco Public Schools	36	Phillips	EL 1203 Saco Elem HS 0657 Saco 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 298	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Saco	59261
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0757	Malta K-12 Schools	36	Phillips	EL HS K12 0659 Malta K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 670	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Malta	59538
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0760	Whitewater K-12 Schools	36	Phillips	EL HS K12 0663 Whitewater K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 46	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Whitewater	595440046
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0767	Heart Butte K-12 Schools	37	Pondera	EL HS K12 1226 Heart Butte K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 259	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Heart Butte	59448
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0768	Dupuyer Elementary	37	Pondera	EL 0671 Dupuyer 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 149	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dupuyer	594320149
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0771	Conrad Public Schools	37	Pondera	EL 0674 Conrad Elem HS 0675 Conrad 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	215 South Maryland St	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Conrad	594252017
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0775	Valier Public Schools	37	Pondera	EL 0679 Valier Elem HS 0680 Valier 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 528	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Valier	59486
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0778	Miami Elementary	37	Pondera	EL 0684 Miami 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 225	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dupuyer	59432
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0786	Biddle Elementary	38	Powder River	EL 0692 Biddle 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 397	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Biddle	593140397
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0799	Broadus Public Schools	38	Powder River	EL 0705 Broadus Elem HS 0706 Powder River Co Dist 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 500	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Broadus	59317
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0802	South Stacey Elementary	38	Powder River	EL 0709 South Stacey 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	124 Stacey Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Volborg	59351
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0805	Deer Lodge Elementary	39	Powell	EL 0712 Deer Lodge 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	444 Montana Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Deer Lodge	59722
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0806	Powell County High School	39	Powell	EL HS 0713 Powell County 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>	
	709 Missouri Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Deer Lodge	59722
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0808	Ovando Elementary	39	Powell	EL 0715 Ovando 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 9	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ovando	59854
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0810	Helmville Elementary	39	Powell	EL 0717 Helmville 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 91	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Helmville	59843
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0811	Garrison Elementary	39	Powell	EL 0718 Garrison 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	33 School House Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Garrison	59731
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0812	Elliston Elementary	39	Powell	EL 0719 Elliston 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 160	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Elliston	59728
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0813	Avon Elementary	39	Powell	EL 0720 Avon 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 246	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Avon	59713
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0814	Gold Creek Elementary	39	Powell	EL 0721 Gold Creek 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:

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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 330011	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Gold Creek	59733
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0818	Terry K-12 Schools	40	Prairie	EL HS K12 0726 Terry K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 187	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Terry	59349
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0822	Corvallis K-12 Schools	41	Ravalli	EL HS K12 0731 Corvallis K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 700	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Corvallis	59828
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0823	Stevensville Public Schls	41	Ravalli	EL 0732 Stevensville Elem HS 0733 Stevensville 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	300 Park Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Stevensville	59870
<b>Title</b>	<b>Date</b>	

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

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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0824	Hamilton K-12 Schools	41	Ravalli	EL HS K12 0735 Hamilton K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	217 Daly Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hamilton	59840
<b>Title</b>	<b>Date</b>	

Send completed form to:  
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 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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0826	Victor K-12 Schools	41	Ravalli	EL HS K12 0738 Victor K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	425 4th Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Victor	59875
<b>Title</b>	<b>Date</b>	

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

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	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0827	Darby K-12 Schools	41	Ravalli	EL HS K12 0740 Darby K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	209 School Drive	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Darby	59829
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0828	Lone Rock Elementary	41	Ravalli	EL 0741 Lone Rock 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>	
	1112 Three Mile Creek Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Stevensville	59870
<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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	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0829	Florence-Carlton K-12 Schls	41	Ravalli	EL HS K12 0743 Florence-Carlton K-12 Schls

**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>	
	5602 Old Highway 93	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Florence	59833
<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



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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.

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<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	200 3rd Ave SE	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sidney	59270
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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>	
	Box 110	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Savage	59262
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 145	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sidney	59270
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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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 467	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fairview	59221
<b>Title</b>	<b>Date</b>	

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 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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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>	
	12138 County Rd #350	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sidney	59270
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 260	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lambert	59243
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0856	Frontier Elementary	43	Roosevelt	EL 0774 Frontier 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6996 Roy St.	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wolf Point	59201
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0857	Poplar Public Schools	43	Roosevelt	EL 0775 Poplar Elem HS 0776 Poplar 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:

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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 458	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Poplar	59255
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0858	Culbertson Public Schools	43	Roosevelt	EL 0777 Culbertson Elem HS 0778 Culbertson 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:

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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 459	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Culbertson	59218
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0860	Wolf Point Public Schools	43	Roosevelt	EL 0780 Wolf Point Elem HS 0781 Wolf Point 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	213 6th Avenue South	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wolf Point	59201
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0861	Brockton Public Schools	43	Roosevelt	EL 0782 Brockton Elem HS 0783 Brockton 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 198	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Brockton	59213
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0862	Bainville K-12 Schools	43	Roosevelt	EL HS K12 0785 Bainville K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 177	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bainville	59212
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0863	Froid Public Schools	43	Roosevelt	EL 0786 Froid Elem HS 0787 Froid 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 218	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Froid	59226
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0865	Birney Elementary	44	Rosebud	EL 0789 Birney 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 521	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Birney	59012
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0866	Forsyth Public Schools	44	Rosebud	EL 0790 Forsyth Elem HS 0791 Forsyth 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 319	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Forsyth	59327
<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



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0867	Lame Deer Public Schools	44	Rosebud	EL 0792 Lame Deer Elem HS 1230 Lame Deer 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 96	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lame Deer	59043
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0869	Rosebud Public Schools	44	Rosebud	EL HS K12 0795 Rosebud K-12

**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>	
	Box 38	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Rosebud	59347
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0870	Colstrip Public Schools	44	Rosebud	EL 0796 Colstrip Elem HS 0797 Colstrip 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 159	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Colstrip	59323
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0872	Ashland Elementary	44	Rosebud	EL 0800 Ashland 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 17	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ashland	59003
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0874	Plains Public Schools	45	Sanders	EL 0802 Plains Elem HS 0803 Plains 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:

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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 549	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Plains	59859
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0875	Thompson Falls Pub Schls	45	Sanders	EL 0804 Thompson Falls Elem HS 0805 Thompson Falls 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:

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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 129	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Thompson Falls	59873
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0877	Trout Creek Elementary	45	Sanders	EL 0807 Trout Creek 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	4 School Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Trout Creek	59874
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0878	Paradise Elementary	45	Sanders	EL 0808 Paradise 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 126	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Paradise	59856
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0879	Dixon Elementary	45	Sanders	EL 0809 Dixon 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 10	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dixon	59831
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0880	Noxon Public Schools	45	Sanders	EL 0811 Noxon Elem HS 0812 Noxon 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	300 Noxon Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Noxon	59853
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0882	Hot Springs K-12	45	Sanders	EL HS K12 0815 Hot Springs K-12

**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 1005	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hot Springs	59845
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0885	Westby K-12 Schools	46	Sheridan	EL HS K12 0819 Westby K-12 Schools

**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>	
	PO Box 109	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Westby	59275
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0887	Medicine Lake K-12 Schools	46	Sheridan	EL HS K12 0822 Medicine Lake K-12 Schools

**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 265 311 Young St	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Medicine Lake	59247
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0891	Plentywood K-12 Schools	46	Sheridan	EL HS K12 0828 Plentywood K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	100 East Laurel Ave	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Plentywood	59254
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0902	Butte Public Schools	47	Silver Bow	EL 0840 Butte Elem HS 1212 Butte 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>	
	111 North Montana	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Butte	59701
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0904	Ramsay Elementary	47	Silver Bow	EL 0842 Ramsay 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 105	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Ramsay	59748
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0905	Divide Elementary	47	Silver Bow	EL 0843 Divide 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:

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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 9	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Divide	59727
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0906	Melrose Elementary	47	Silver Bow	EL 0844 Melrose 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 128	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Melrose	59743
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
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:

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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 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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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

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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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

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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

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.)

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.

<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>	

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

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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0922	Big Timber Elementary	49	Sweet Grass	EL 0865 Big Timber 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>	
	PO Box 887	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Big Timber	59011
<b>Title</b>	<b>Date</b>	

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 School Accounting and Budgeting  
 Office of Public Instruction  
 PO Box 202501  
 Helena, MT 59620-2501

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	Signature



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 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0925	Melville Elementary	49	Sweet Grass	EL 0868 Melville 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.

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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 275	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Melville	59055
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0929	Greycliff Elementary	49	Sweet Grass	EL 0872 Greycliff 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 65	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Greycliff	59033
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0932	McLeod Elementary	49	Sweet Grass	EL 0875 McLeod 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:

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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>	
	346 Otter Cr Rd	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Big Timber	59011
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0939	Sweet Grass County HS	49	Sweet Grass	EL HS 0882 Sweet Grass 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.

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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 886	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Big Timber	59011
<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 FY2020</b>	Date Approved
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Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0940	Choteau Public Schools	50	Teton	EL 0883 Choteau Elem HS 0884 Choteau 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	204 7th Ave NW	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Choteau	59422
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0945	Bynum Elementary	50	Teton	EL 0889 Bynum 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 766	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Bynum	59419
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0946	Fairfield Public Schools	50	Teton	EL 0890 Fairfield Elem HS 0891 Fairfield 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:

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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 399	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fairfield	59436
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0948	Power Public Schools	50	Teton	EL 0894 Power Elem HS 0895 Power 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 155	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Power	59468
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0949	Golden Ridge Elementary	50	Teton	EL 0896 Golden Ridge 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1374 Hiway 408	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fairfield	59436
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0951	Pendroy Elementary	50	Teton	EL 0898 Pendroy 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 65	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Pendroy	59467
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0953	Greenfield Elementary	50	Teton	EL 0900 Greenfield 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	590 Hwy 431	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Fairfield	594369214
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1072	Dutton/Brady K-12 Schools	50	Teton	EL HS K12 1235 Dutton/Brady K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	101 2nd St NE	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Dutton	594339670
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0955	Sunburst K-12 Schools	51	Toole	EL HS K12 0903 Sunburst 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 710	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Sunburst	59482
<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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<b>Approved Rate for FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0962	Shelby Public Schools	51	Toole	EL 0910 Shelby Elem HS 0911 Shelby 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:

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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>	
	1010 Oilfield Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Shelby	59474
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0966	Galata Elementary	51	Toole	EL 0915 Galata 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 76	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Galata	59444
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0973	Hysham K-12 Schools	52	Treasure	EL HS K12 0923 Hysham K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 272	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hysham	59038
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0975	Glasgow K-12 Schools	53	Valley	EL HS K12 0926 Glasgow K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 28	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Glasgow	59230
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0976	Frazer Public Schools	53	Valley	EL 0927 Frazer Elem HS 0928 Frazer 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 488	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Frazer	59225
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0980	Hinsdale Public Schools	53	Valley	EL 0932 Hinsdale Elem HS 0933 Hinsdale 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 398	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Hinsdale	59241
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0981	Opheim K-12 Schools	53	Valley	EL HS K12 0935 Opheim K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 108	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Opheim	59250
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0982	Nashua K-12 Schools	53	Valley	EL HS K12 0937 Nashua K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 170	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Nashua	59248
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
0986	Lustre Elementary	53	Valley	EL 0941 Lustre 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	282 Lustre Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Frazer	592259627
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0990	Harlowton Public Schools	54	Wheatland	EL 0945 Harlowton Elem HS 0946 Harlowton 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 288	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Harlowton	59036
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0991	Shawmut Elementary	54	Wheatland	EL 0947 Shawmut 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 65	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Shawmut	59078
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0992	Judith Gap Public Schools	54	Wheatland	EL 0948 Judith Gap Elem HS 0949 Judith Gap 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 67	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Judith Gap	59453
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
0997	Wibaux K-12 Schools	55	Wibaux	EL HS K12 0964 Wibaux K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	121 F Street N	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Wibaux	59353
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1007	Billings Public Schools	56	Yellowstone	EL 0965 Billings Elem HS 0966 Billings 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>	
	415 North 30th Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59101
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1008	Lockwood Elementary	56	Yellowstone	EL 1241 Lockwood 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.

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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>	
	1932 US Highway 87	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Lockwood	59101
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1009	Blue Creek Elementary	56	Yellowstone	EL 0968 Blue Creek 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:

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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>	
	3652 Blue Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59101
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1010	Canyon Creek Elementary	56	Yellowstone	EL 0969 Canyon Creek 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:

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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>	
	3139 Duck Creek Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59101
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1011	Laurel Public Schools	56	Yellowstone	EL 0970 Laurel Elem HS 0971 Laurel 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	410 Colorado Avenue	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Laurel	59044
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1012	Elder Grove Elementary	56	Yellowstone	EL 0972 Elder Grove 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:

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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>	
	1532 South 64 Street W	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59106
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1014	Custer K-12 Schools	56	Yellowstone	EL HS K12 0975 Custer K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 69	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Custer	59024
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1015	Morin Elementary	56	Yellowstone	EL 0976 Morin 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	8824 Pryor Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59101
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1017	Broadview Public Schools	56	Yellowstone	EL 0978 Broadview Elem HS 0979 Broadview 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	PO Box 147	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Broadview	59015
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1019	Elysian Elementary	56	Yellowstone	EL 0981 Elysian 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	6416 Elysian Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59101
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1020	Huntley Project K-12 Schls	56	Yellowstone	EL HS K12 0983 Huntley Project K-12 Schools

**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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1477 Ash Street	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Worden	59088
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1022	Shepherd Public Schools	56	Yellowstone	EL 0985 Shepherd Elem HS 0986 Shepherd 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	Box 8	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Shepherd	59079
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1023	Pioneer Elementary	56	Yellowstone	EL 0987 Pioneer 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1937 Dover Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59105
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

<b>SS #</b>	<b>School System (SS) Name</b>	<b>County #</b>	<b>County</b>	<b>LE's Included</b>
1025	Independent Elementary	56	Yellowstone	EL 0989 Independent 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	2907 Roundup Road	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59105
<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 FY2020</b>	Date Approved
	Signature



Office of Public Instruction  
 Elsie Arntzen, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501

**CERTIFICATION FOR INDIRECT COST RATE**

For FY 2019-2020

Due April 30, 2019

SS #	School System (SS) Name	County #	County	LE's Included
1032	Yellowstone Academy Elem	56	Yellowstone	EL 1196 Yellowstone Academy 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.

<b>Signature of District Superintendent or Board Chairperson</b>	<b>Street Address or P.O. Box</b>	
	1750 Ray of Hope Lane	
<b>Printed Name of Authorized Official</b>	<b>City</b>	<b>Zip Code</b>
	Billings	59106
<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 FY2020</b>	Date Approved
	Signature