



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	811 E Orr	

Printed Name of Authorized Official	City	Zip Code
	Dillon	59725

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0199	Dillon Elementary	01	Beaverhead	EL 0005 Dillon Elem HS K12

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	22 North Cottom	
Printed Name of Authorized Official	City	Zip Code
	Dillon	59725
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	104 North Pacific Street	
Printed Name of Authorized Official	City	Zip Code
	Dillon	59725
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 40	
Printed Name of Authorized Official	City	Zip Code
	Wise River	59762
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 186	
Printed Name of Authorized Official	City	Zip Code
	Lima	59739
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 176	
Printed Name of Authorized Official	City	Zip Code
	Wisdom	59761
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	19200 Hwy 278	
Printed Name of Authorized Official	City	Zip Code
	Dillon	59725
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 835	
Printed Name of Authorized Official		City	Zip Code
		Jackson	59736
Title		Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501			
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:			
Approved Rate for FY2025		Date Approved	



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 320097	

Printed Name of Authorized Official	City	Zip Code
	Glen	59732

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 118	

Printed Name of Authorized Official	City	Zip Code
	Decker	59025

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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

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

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 229	

Printed Name of Authorized Official	City	Zip Code
	Pryor	59066

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	401 Park Road	
Printed Name of Authorized Official	City	Zip Code
	Hardin	590342505
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 810	
Printed Name of Authorized Official	City	Zip Code
	Lodge Grass	590500559
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 66	
Printed Name of Authorized Official	City	Zip Code
	Wyola	59089
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 1059	

Printed Name of Authorized Official	City	Zip Code
	Chinook	59523

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 339	
Printed Name of Authorized Official	City	Zip Code
	Harlem	595260339
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	22820 Cleveland Road	
Printed Name of Authorized Official	City	Zip Code
	Chinook	59523
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 847	
Printed Name of Authorized Official	City	Zip Code
	Zurich	59547
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 40	
Printed Name of Authorized Official	City	Zip Code
	Turner	59542
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 110	

Printed Name of Authorized Official	City	Zip Code
	Hays	59527

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	29815 Clear Creek Road	

Printed Name of Authorized Official	City	Zip Code
	Chinook	59523

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	755 Hillcrest Road	
Printed Name of Authorized Official	City	Zip Code
	Harlem	59526
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	201 N Spruce	
Printed Name of Authorized Official	City	Zip Code
	Townsend	596442215
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1090	

Printed Name of Authorized Official	City	Zip Code
	Red Lodge	59068

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	429 W. Park Ave	
Printed Name of Authorized Official	City	Zip Code
	Bridger	59014
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 590	

Printed Name of Authorized Official	City	Zip Code
	Joliet	59041

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 78	
Printed Name of Authorized Official	City	Zip Code
	Roberts	59070
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	319 School Street	
Printed Name of Authorized Official	City	Zip Code
	Fromberg	59029
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 210	
Printed Name of Authorized Official	City	Zip Code
	Belfry	59008
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	4 Luther Roscoe Road	
Printed Name of Authorized Official	City	Zip Code
	Luther	59068
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0259	Hawks Home Elementary	06	Carter	EL 0078 Hawks Home Elem HS K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	11 Talcott Lane	
Printed Name of Authorized Official	City	Zip Code
	Hammond	59332
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0277	Alzada Elementary	06	Carter	EL 0096 Alzada Elem HS K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 8	
Printed Name of Authorized Official	City	Zip Code
	Alzada	59311
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 458	
Printed Name of Authorized Official	City	Zip Code
	Ekalaka	59324
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 2429	
Printed Name of Authorized Official	City	Zip Code
	Great Falls	59403
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 529	
Printed Name of Authorized Official	City	Zip Code
	Cascade	59421
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	693 Stockett Rd Box 100	

Printed Name of Authorized Official	City	Zip Code
	Sand Coulee	59472

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 197	
Printed Name of Authorized Official	City	Zip Code
	Belt	59412
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 279	
Printed Name of Authorized Official	City	Zip Code
	Vaughn	59487
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 189	
Printed Name of Authorized Official	City	Zip Code
	Ulm	59485
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 380	

Printed Name of Authorized Official	City	Zip Code
	Simms	59477

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 399	

Printed Name of Authorized Official	City	Zip Code
	Fort Benton	59442

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0310	Big Sandy Public Schools	08	Chouteau	EL HS K12 0138 Big Sandy 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:

(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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 570	

Printed Name of Authorized Official	City	Zip Code
	Big Sandy	59520

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0317	Highwood Public Schools	08	Chouteau	EL HS K12 0146 Highwood 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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	160 West Street South	

Printed Name of Authorized Official	City	Zip Code
	Highwood	59450

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 347	
Printed Name of Authorized Official	City	Zip Code
	Geraldine	59446
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 158	
Printed Name of Authorized Official	City	Zip Code
	Carter	59420
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1018 Charlson Drive	
Printed Name of Authorized Official	City	Zip Code
	Carter	59420
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	17557 Bootlegger Trail	
Printed Name of Authorized Official	City	Zip Code
	Floweree	59440
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1604 Main Street	

Printed Name of Authorized Official	City	Zip Code
	Miles City	59301

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	331 Kircher Creek Rd	
Printed Name of Authorized Official	City	Zip Code
	Miles City	59301
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	735 Road 664	

Printed Name of Authorized Official	City	Zip Code
	Miles City	59301

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	7 Mastin Road	
Printed Name of Authorized Official	City	Zip Code
	Kinsey	59338
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	735 Road 664	
Printed Name of Authorized Official	City	Zip Code
	Miles City	59301
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 10	
Printed Name of Authorized Official	City	Zip Code
	Scobey	59263
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 701	
Printed Name of Authorized Official	City	Zip Code
	Glendive	59330
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	207 West Bell	
Printed Name of Authorized Official	City	Zip Code
	Glendive	59330
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 185	
Printed Name of Authorized Official	City	Zip Code
	Lindsay	59339
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 60	

Printed Name of Authorized Official	City	Zip Code
	Richey	59259

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	12 Road 564	
Printed Name of Authorized Official	City	Zip Code
	Glendive	59330
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1410 West Park Ave.	

Printed Name of Authorized Official	City	Zip Code
	Anaconda	59711

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 659	

Printed Name of Authorized Official	City	Zip Code
	Baker	59313

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 158	
Printed Name of Authorized Official	City	Zip Code
	Plevna	59344
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0420	Lewistown Public Schools	14	Fergus	EL 0258 Lewistown Elem HS 0259 Fergus H S K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	215 7th Avenue South	
Printed Name of Authorized Official	City	Zip Code
	Lewistown	59457
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1211 Oro Country Road	

Printed Name of Authorized Official	City	Zip Code
	Lewistown	594579513

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0429	Grass Range Public Schls	14	Fergus	EL 0268 Grass Range Elem HS 0269 Grass Range H S K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 58	

Printed Name of Authorized Official	City	Zip Code
	Grass Range	59032

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0432	King Colony Elementary	14	Fergus	EL 0272 King Colony Elem HS K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	982 Jenni Road	
Printed Name of Authorized Official	City	Zip Code
	Lewistown	59457
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	509 Highland	
Printed Name of Authorized Official	City	Zip Code
	Moore	59464
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 9	
Printed Name of Authorized Official	City	Zip Code
	Roy	59471
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1048	
Printed Name of Authorized Official	City	Zip Code
	Denton	59430
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0445	Spring Creek Colony Elem	14	Fergus	EL 0288 Spring Creek Colony Elem HS K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1185	

Printed Name of Authorized Official	City	Zip Code
	Lewistown	59457

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 109	

Printed Name of Authorized Official	City	Zip Code
	Winifred	59489

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 100	
Printed Name of Authorized Official	City	Zip Code
	Grass Range	59032
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		2105 Middle Road	
Printed Name of Authorized Official		City	Zip Code
		Columbia Falls	59912
Title		Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501			
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:			
Approved Rate for FY2025		Date Approved	



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1205 Swan Highway	
Printed Name of Authorized Official	City	Zip Code
	Bigfork	59911
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	233 First Ave East	

Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1259	

Printed Name of Authorized Official	City	Zip Code
	Columbia Falls	59912

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	4495 Montana 35	

Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	897 Lake Blaine Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1000 Helena Flats Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 40	

Printed Name of Authorized Official	City	Zip Code
	Kila	59920

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2901 Highway 2 West	

Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	7975 Pleasant Valley Road	
Printed Name of Authorized Official	City	Zip Code
	Marion	59925
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	315 School Addition Road	

Printed Name of Authorized Official	City	Zip Code
	Somers	59932

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 188	
Printed Name of Authorized Official	City	Zip Code
	Bigfork	59911
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	600 East Second Street	
Printed Name of Authorized Official	City	Zip Code
	Whitefish	59937
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	18 West Evergreen Drive	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	205 Gopher Lane	
Printed Name of Authorized Official	City	Zip Code
	Marion	59925
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	5955 Farm To Market Road	

Printed Name of Authorized Official	City	Zip Code
	Whitefish	59937

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

(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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2290 Farm To Market Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 309	
Printed Name of Authorized Official	City	Zip Code
	West Glacier	59936
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 425	
Printed Name of Authorized Official	City	Zip Code
	Manhattan	597410425
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 520	
Printed Name of Authorized Official	City	Zip Code
	Bozeman	59771
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 189	

Printed Name of Authorized Official	City	Zip Code
	Willow Creek	59760

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6020 Springhill Comm Road	

Printed Name of Authorized Official	City	Zip Code
	Belgrade	59714

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	13233 Cottonwood Road	
Printed Name of Authorized Official	City	Zip Code
	Bozeman	59718
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	212 East Neal	
Printed Name of Authorized Official	City	Zip Code
	Three Forks	59752
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	3747 Pass Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Belgrade	59714
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6001 Monforton School Rd	

Printed Name of Authorized Official	City	Zip Code
	Bozeman	59718

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 265	
Printed Name of Authorized Official	City	Zip Code
	Gallatin Gateway	59730
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	10040 Cottonwood Road	
Printed Name of Authorized Official	City	Zip Code
	Bozeman	59718
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	841 Bear Canyon Road	
Printed Name of Authorized Official	City	Zip Code
	Bozeman	59715
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 166	
Printed Name of Authorized Official	City	Zip Code
	Belgrade	59714
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	375 Jackson Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Bozeman	59715
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 460	

Printed Name of Authorized Official	City	Zip Code
	West Yellowstone	59758

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 161280	
Printed Name of Authorized Official	City	Zip Code
	Big Sky	59716
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6360 Camp Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Manhattan	59741
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 409	

Printed Name of Authorized Official	City	Zip Code
	Jordan	59337

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		3646 Brusett Road	
Printed Name of Authorized Official		City	Zip Code
		Brusett	59318
Title		Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501			
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:			
Approved Rate for FY2025		Date Approved	



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2031 Haxby Road	

Printed Name of Authorized Official	City	Zip Code
	Jordan	59337

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 113	
Printed Name of Authorized Official	City	Zip Code
	Cohagen	59322
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	160 Twin Buttes Road	
Printed Name of Authorized Official	City	Zip Code
	Sand Springs	59077
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1491 Old Stage Rd	

Printed Name of Authorized Official	City	Zip Code
	Mosby	59058

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 610	
Printed Name of Authorized Official	City	Zip Code
	Browning	59417
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	101 3rd Avenue SE	

Printed Name of Authorized Official	City	Zip Code
	Cut Bank	59427

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 150	
Printed Name of Authorized Official	City	Zip Code
	E Glacier Park	59434
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1169	
Printed Name of Authorized Official	City	Zip Code
	Cut Bank	594271169
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 129	
Printed Name of Authorized Official	City	Zip Code
	Ryegate	59074
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 290	
Printed Name of Authorized Official	City	Zip Code
	Lavina	59046
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 400	
Printed Name of Authorized Official	City	Zip Code
	Philipsburg	59858
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	109 West Main	
Printed Name of Authorized Official	City	Zip Code
	Hall	59837
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box
	Box 349, 108 West Edwards

Printed Name of Authorized Official	City	Zip Code
	Drummond	59832

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1829	
Printed Name of Authorized Official	City	Zip Code
	Havre	59501
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 205	
Printed Name of Authorized Official	City	Zip Code
	Box Elder	59521
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 7791	

Printed Name of Authorized Official	City	Zip Code
	Havre	59501

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1024	
Printed Name of Authorized Official	City	Zip Code
	Havre	59501
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	RR 1 Box 620	
Printed Name of Authorized Official	City	Zip Code
	Box Elder	59521
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 138	
Printed Name of Authorized Official	City	Zip Code
	Gildford	59525
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 129	

Printed Name of Authorized Official	City	Zip Code
	Rudyard	59540

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 209	
Printed Name of Authorized Official	City	Zip Code
	Clancy	59634
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 1109	

Printed Name of Authorized Official	City	Zip Code
	Whitehall	59759

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 128	
Printed Name of Authorized Official	City	Zip Code
	Basin	59631
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1346	

Printed Name of Authorized Official	City	Zip Code
	Boulder	59632

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	80 Highway 359	
Printed Name of Authorized Official	City	Zip Code
	Cardwell	59721
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	11 McClellan Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Clancy	59634
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 838	

Printed Name of Authorized Official	City	Zip Code
	Boulder	59632

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 506	
Printed Name of Authorized Official	City	Zip Code
	Stanford	59479
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 410	
Printed Name of Authorized Official	City	Zip Code
	Hobson	59452
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0600	Geyser K-12 Schools	23	Judith Basin	EL HS K12 0473 Geyser 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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 70	
Printed Name of Authorized Official	City	Zip Code
	Geyser	59447
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	72220 Fyant Street	

Printed Name of Authorized Official	City	Zip Code
	Arlee	59821

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	111 4th Avenue East	
Printed Name of Authorized Official	City	Zip Code
	Polson	59860
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1540	
Printed Name of Authorized Official	City	Zip Code
	St Ignatius	598651540
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	42448 Valley View Road	
Printed Name of Authorized Official	City	Zip Code
	Polson	59860
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	23187 MT Hwy 83	

Printed Name of Authorized Official	City	Zip Code
	Swan Lake	59911

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	421 Andrew Street NW	
Printed Name of Authorized Official	City	Zip Code
	Ronan	598642302
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 10	
Printed Name of Authorized Official	City	Zip Code
	Charlo	59824
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 195	
Printed Name of Authorized Official	City	Zip Code
	Dayton	59914
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	55 South Rodney	

Printed Name of Authorized Official	City	Zip Code
	Helena	596015763

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 523	

Printed Name of Authorized Official	City	Zip Code
	Canyon Creek	59633

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0615	East Helena Public Schools	25	Lewis & Clark	EL HS K12 1240 East Helena 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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1280	

Printed Name of Authorized Official	City	Zip Code
	East Helena	59635

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 200	

Printed Name of Authorized Official	City	Zip Code
	Wolf Creek	59648

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	9605 Hwy 287	

Printed Name of Authorized Official	City	Zip Code
	Wolf Creek	596488637

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 39	

Printed Name of Authorized Official	City	Zip Code
	Lincoln	59639

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 307	
Printed Name of Authorized Official	City	Zip Code
	Augusta	59410
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 78 333 2100 Rd S	
Printed Name of Authorized Official	City	Zip Code
	Galata	59444
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 550	

Printed Name of Authorized Official	City	Zip Code
	Chester	59522

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 867	
Printed Name of Authorized Official	City	Zip Code
	Troy	59935
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	724 Louisiana Ave	
Printed Name of Authorized Official	City	Zip Code
	Libby	59923
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 2000	

Printed Name of Authorized Official	City	Zip Code
	Eureka	59917

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 96	
Printed Name of Authorized Official	City	Zip Code
	Fortine	59918
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1564 Old Highway 2 North	
Printed Name of Authorized Official	City	Zip Code
	Troy	59935
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	29893 Yaak River Road	
Printed Name of Authorized Official	City	Zip Code
	Troy	59935
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 10	

Printed Name of Authorized Official	City	Zip Code
	Trego	59934

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 127	
Printed Name of Authorized Official	City	Zip Code
	Alder	59710
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 586	
Printed Name of Authorized Official	City	Zip Code
	Sheridan	59749
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 419	

Printed Name of Authorized Official	City	Zip Code
	Twin Bridges	59754

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 7	

Printed Name of Authorized Official	City	Zip Code
	Harrison	59735

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 517	
Printed Name of Authorized Official	City	Zip Code
	Ennis	59729
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 99	
Printed Name of Authorized Official	City	Zip Code
	Circle	59215
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 180	
Printed Name of Authorized Official	City	Zip Code
	Circle	59215
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0681	White Sul Spgs Pub Schls	30	Meagher	EL HS K12 0570 White Sulphur Spgs 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box C	

Printed Name of Authorized Official	City	Zip Code
	White Sulphur Springs	59645

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 330	
Printed Name of Authorized Official	City	Zip Code
	Alberton	59820
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 400	

Printed Name of Authorized Official	City	Zip Code
	Superior	59872

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 280	
Printed Name of Authorized Official	City	Zip Code
	St Regis	59866
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	909 South Ave West	
Printed Name of Authorized Official	City	Zip Code
	Missoula	59801
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2385 Flynn Lane	

Printed Name of Authorized Official	City	Zip Code
	Missoula	59808

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	11395 Highway 93 South	

Printed Name of Authorized Official	City	Zip Code
	Lolo	59847

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	29750 Potomac Road	
Printed Name of Authorized Official	City	Zip Code
	Bonner	59823
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1004	

Printed Name of Authorized Official	City	Zip Code
	Bonner	59823

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	18470 Highway 12 West	
Printed Name of Authorized Official	City	Zip Code
	Lolo	59847
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6355 Padre Lane	

Printed Name of Authorized Official	City	Zip Code
	Missoula	59808

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	4095 South Avenue West	
Printed Name of Authorized Official	City	Zip Code
	Missoula	59804
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	5024 Sunset Hill Road	
Printed Name of Authorized Official	City	Zip Code
	Greenough	59823
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 250	

Printed Name of Authorized Official	City	Zip Code
	Clinton	59825

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6423 Highway 83	
Printed Name of Authorized Official	City	Zip Code
	Condon	59826
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 840	
Printed Name of Authorized Official	City	Zip Code
	Seeley Lake	59868
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 117	
Printed Name of Authorized Official	City	Zip Code
	Frenchtown	59834
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	12 Main Street	
Printed Name of Authorized Official	City	Zip Code
	Roundup	59072
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 97	
Printed Name of Authorized Official	City	Zip Code
	Melstone	59054
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	132 South B Street	
Printed Name of Authorized Official	City	Zip Code
	Livingston	59047
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	510 Stone Street	

Printed Name of Authorized Official	City	Zip Code
	Gardiner	59030

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1070	
Printed Name of Authorized Official	City	Zip Code
	Cooke City	59020
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2575 East River Rd	
Printed Name of Authorized Official	City	Zip Code
	Livingston	59047
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 37	

Printed Name of Authorized Official	City	Zip Code
	Pray	59065

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 40	

Printed Name of Authorized Official	City	Zip Code
	Clyde Park	59018

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 167	
Printed Name of Authorized Official	City	Zip Code
	Winnett	59087
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 278	
Printed Name of Authorized Official	City	Zip Code
	Dodson	59524
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 298	
Printed Name of Authorized Official	City	Zip Code
	Saco	59261
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 670	
Printed Name of Authorized Official	City	Zip Code
	Malta	59538
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 46	
Printed Name of Authorized Official	City	Zip Code
	Whitewater	595440046
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 259	
Printed Name of Authorized Official	City	Zip Code
	Heart Butte	59448
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 149	
Printed Name of Authorized Official	City	Zip Code
	Dupuyer	594320149
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	215 South Maryland St	
Printed Name of Authorized Official	City	Zip Code
	Conrad	594252017
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 528	
Printed Name of Authorized Official	City	Zip Code
	Valier	59486
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	400 New Miami Lane	
Printed Name of Authorized Official	City	Zip Code
	Conrad	59425
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 397	

Printed Name of Authorized Official	City	Zip Code
	Biddle	593140397

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 500	

Printed Name of Authorized Official	City	Zip Code
	Broadus	59317

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	124 Stacey Road	
Printed Name of Authorized Official	City	Zip Code
	Volborg	59351
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	444 Montana Avenue	
Printed Name of Authorized Official	City	Zip Code
	Deer Lodge	59722
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	709 Missouri Avenue	
Printed Name of Authorized Official	City	Zip Code
	Deer Lodge	59722
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 9	

Printed Name of Authorized Official	City	Zip Code
	Ovando	59854

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 91	
Printed Name of Authorized Official	City	Zip Code
	Helmville	59843
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	33 School House Rd	
Printed Name of Authorized Official	City	Zip Code
	Garrison	59731
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 160	
Printed Name of Authorized Official	City	Zip Code
	Elliston	59728
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 246	
Printed Name of Authorized Official	City	Zip Code
	Avon	59713
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	825 Gold Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Gold Creek	59733
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 187	

Printed Name of Authorized Official	City	Zip Code
	Terry	59349

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 700	
Printed Name of Authorized Official	City	Zip Code
	Corvallis	59828
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	300 Park Street	
Printed Name of Authorized Official	City	Zip Code
	Stevensville	59870
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	217 Daly Avenue	
Printed Name of Authorized Official	City	Zip Code
	Hamilton	59840
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	425 4th Avenue	
Printed Name of Authorized Official	City	Zip Code
	Victor	59875
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(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 Uniform Guidance 2 CFR 200, "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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	209 School Drive	
Printed Name of Authorized Official	City	Zip Code
	Darby	59829
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1112 Three Mile Creek Rd	
Printed Name of Authorized Official	City	Zip Code
	Stevensville	59870
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	5602 Old Highway 93	

Printed Name of Authorized Official	City	Zip Code
	Florence	59833

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0831	Sidney Public Schools	42	Richland	EL 0745 Sidney Elem HS 0746 Sidney H S K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	200 3rd Ave SE	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 110	
Printed Name of Authorized Official	City	Zip Code
	Savage	59262
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 145	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0834	Fairview Public Schools	42	Richland	EL 0750 Fairview Elem HS 0751 Fairview H S K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 467	

Printed Name of Authorized Official	City	Zip Code
	Fairview	59221

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	12138 County Rd #350	
Printed Name of Authorized Official	City	Zip Code
	Sidney	59270
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 260	
Printed Name of Authorized Official	City	Zip Code
	Lambert	59243
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6996 Roy St.	
Printed Name of Authorized Official	City	Zip Code
	Wolf Point	59201
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 458	
Printed Name of Authorized Official	City	Zip Code
	Poplar	59255
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 459	

Printed Name of Authorized Official	City	Zip Code
	Culbertson	59218

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	213 6th Avenue South	

Printed Name of Authorized Official	City	Zip Code
	Wolf Point	59201

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 198	
Printed Name of Authorized Official	City	Zip Code
	Brockton	59213
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 177	
Printed Name of Authorized Official	City	Zip Code
	Bainville	59212
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 218	
Printed Name of Authorized Official	City	Zip Code
	Froid	59226
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 521	
Printed Name of Authorized Official	City	Zip Code
	Birney	59012
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 319	
Printed Name of Authorized Official	City	Zip Code
	Forsyth	59327
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 96	

Printed Name of Authorized Official	City	Zip Code
	Lame Deer	59043

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 38	
Printed Name of Authorized Official	City	Zip Code
	Rosebud	59347
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 159	
Printed Name of Authorized Official	City	Zip Code
	Colstrip	59323
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 17	
Printed Name of Authorized Official	City	Zip Code
	Ashland	59003
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0874	Plains Public Schools	45	Sanders	EL HS K12 0803 Plains 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:

(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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 549	

Printed Name of Authorized Official	City	Zip Code
	Plains	59859

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

(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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	206 Haley Ave	
Printed Name of Authorized Official	City	Zip Code
	Thompson Falls	59873
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	4 School Lane	
Printed Name of Authorized Official	City	Zip Code
	Trout Creek	59874
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 10	
Printed Name of Authorized Official	City	Zip Code
	Dixon	59831
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	300 Noxon Ave	

Printed Name of Authorized Official	City	Zip Code
	Noxon	59853

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1005	
Printed Name of Authorized Official	City	Zip Code
	Hot Springs	59845
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 109	
Printed Name of Authorized Official	City	Zip Code
	Westby	59275
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 265 311 Young St	
Printed Name of Authorized Official	City	Zip Code
	Medicine Lake	59247
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	100 East Laurel Ave	
Printed Name of Authorized Official	City	Zip Code
	Plentywood	59254
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	111 North Montana	
Printed Name of Authorized Official	City	Zip Code
	Butte	59701
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 105	
Printed Name of Authorized Official	City	Zip Code
	Ramsay	59748
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

(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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	50 Schoolhouse Road	
Printed Name of Authorized Official	City	Zip Code
	Divide	59727
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 128	
Printed Name of Authorized Official	City	Zip Code
	Melrose	59743
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0908	Park City Public Schools	48	Stillwater	EL 0846 Park City Elem HS 0847 Park City H S K12

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

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

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

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	433 N 3rd St	
Printed Name of Authorized Official	City	Zip Code
	Columbus	590197165
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 338	
Printed Name of Authorized Official	City	Zip Code
	Reed Point	59069
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 75	
Printed Name of Authorized Official	City	Zip Code
	Fishtail	59028
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 472	

Printed Name of Authorized Official	City	Zip Code
	Nye	59061

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 89	

Printed Name of Authorized Official	City	Zip Code
	Rapelje	59067

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	327 S Woodard Ave	

Printed Name of Authorized Official	City	Zip Code
	Absarokee	59001

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 887	
Printed Name of Authorized Official	City	Zip Code
	Big Timber	59011
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 275	
Printed Name of Authorized Official	City	Zip Code
	Melville	59055
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 65	
Printed Name of Authorized Official	City	Zip Code
	Greycliff	59033
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	346 Otter Cr Rd	
Printed Name of Authorized Official	City	Zip Code
	Big Timber	59011
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 886	
Printed Name of Authorized Official	City	Zip Code
	Big Timber	59011
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 272	
Printed Name of Authorized Official	City	Zip Code
	Hysham	59038
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 766	
Printed Name of Authorized Official	City	Zip Code
	Bynum	59419
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 399	

Printed Name of Authorized Official	City	Zip Code
	Fairfield	59436

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 155	
Printed Name of Authorized Official	City	Zip Code
	Power	59468
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1374 Hiway 408	

Printed Name of Authorized Official	City	Zip Code
	Fairfield	59436

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 65	

Printed Name of Authorized Official	City	Zip Code
	Pendroy	59467

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	590 Hwy 431	
Printed Name of Authorized Official	City	Zip Code
	Fairfield	594369214
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	101 2nd St NE	
Printed Name of Authorized Official	City	Zip Code
	Dutton	594339670
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 710	
Printed Name of Authorized Official	City	Zip Code
	Sunburst	59482
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1010 Oilfield Avenue	

Printed Name of Authorized Official	City	Zip Code
	Shelby	59474

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 76	
Printed Name of Authorized Official	City	Zip Code
	Galata	59444
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 28	

Printed Name of Authorized Official	City	Zip Code
	Glasgow	59230

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 488	
Printed Name of Authorized Official	City	Zip Code
	Frazer	59225
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 398	

Printed Name of Authorized Official	City	Zip Code
	Hinsdale	59241

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 108	
Printed Name of Authorized Official	City	Zip Code
	Opheim	59250
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 170	
Printed Name of Authorized Official	City	Zip Code
	Nashua	59248
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	282 Lustre Road	

Printed Name of Authorized Official	City	Zip Code
	Frazer	592259627

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
0990	Harlowton Public Schools	54	Wheatland	EL HS K12 0946 Harlowton 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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 288	

Printed Name of Authorized Official	City	Zip Code
	Harlowton	59036

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 67	

Printed Name of Authorized Official	City	Zip Code
	Judith Gap	59453

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	121 F Street N	
Printed Name of Authorized Official	City	Zip Code
	Wibaux	59353
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	415 North 30th Street	

Printed Name of Authorized Official	City	Zip Code
	Billings	59101

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
1008	Lockwood Public Schools	56	Yellowstone	EL HS K12 1241 Lockwood 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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1932 US Highway 87 E.	
Printed Name of Authorized Official	City	Zip Code
	Lockwood	59101
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	3652 Blue Creek Road	
Printed Name of Authorized Official	City	Zip Code
	Billings	59101
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	3139 Duck Creek Road	

Printed Name of Authorized Official	City	Zip Code
	Billings	59101

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	410 Colorado Avenue	

Printed Name of Authorized Official	City	Zip Code
	Laurel	59044

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1532 South 64 Street W	
Printed Name of Authorized Official	City	Zip Code
	Billings	59106
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 69	
Printed Name of Authorized Official	City	Zip Code
	Custer	59024
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	8824 Pryor Road	

Printed Name of Authorized Official	City	Zip Code
	Billings	59101

Title	Date

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 147	
Printed Name of Authorized Official	City	Zip Code
	Broadview	59015
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	6416 Elysian Road	
Printed Name of Authorized Official	City	Zip Code
	Billings	59101
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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 Uniform Guidance 2 CFR 200, "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.

(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1477 Ash Street	
Printed Name of Authorized Official	City	Zip Code
	Worden	59088
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(3) Per 2 CFR 200.1 Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 8	
Printed Name of Authorized Official	City	Zip Code
	Shepherd	59079
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1937 Dover Road	
Printed Name of Authorized Official	City	Zip Code
	Billings	59105
Title	Date	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

SS #	School System (SS) Name	County #	County	LE's Included
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:

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(4) This rate is valid from July 1 through June 30 of the applicable fiscal year of approval or the term of the grant award.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2907 Roundup Road	
Printed Name of Authorized Official	City	Zip Code
	Billings	59105
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved



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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2024-2025

Due April 30, 2024

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.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1750 Ray of Hope Lane	
Printed Name of Authorized Official	City	Zip Code
	Billings	59106
Title	Date	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2025	Date Approved