Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** 12420 MT Hwy 324	
Printed Name of Authorized Official	**City** Dillon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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

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** 22 North Cottom	
Printed Name of Authorized Official	**City** Dillon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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

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** 104 North Pacific Street	
Printed Name of Authorized Official	**City** Dillon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** Wise River	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted 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 186	
Printed Name of Authorized Official	**City** Lima	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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

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 176	
Printed Name of Authorized Official	**City** Wisdom	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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

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** 19200 Hwy 278	
Printed Name of Authorized Official	**City** Dillon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted 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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(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 835	
Printed Name of Authorized Official	**City** Jackson	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted 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 320097	
Printed Name of Authorized Official	**City** Glen	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted 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 118	
Printed Name of Authorized Official	**City** Decker	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 229	
Printed Name of Authorized Official	**City** Pryor	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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.

(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** Hardin	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** Lodge Grass	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Wyola	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0221	Chinook Public Schools	03	Blaine	EL 0028 Chinook Elem HS 0029 Chinook H S K12

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

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

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(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** Chinook	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0222	Harlem Public Schools	03	Blaine	EL 0030 Harlem Elem HS 0031 Harlem H S K12

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

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

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(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** Harlem	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0223	Cleveland-Lone Tree Elem	03	Blaine	EL 0032 Cleveland Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** 22820 Cleveland Road	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Zurich	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0234	Turner Public Schools	03	Blaine	EL 0044 Turner Elem HS 0045 Turner H S K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** Box 40	
Printed Name of Authorized Official	**City** Turner	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Hays	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 29815 Clear Creek Road	
Printed Name of Authorized Official	**City** Chinook	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Harlem	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Townsend	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Red Lodge	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Bridger	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Joliet	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and 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 78	
Printed Name of Authorized Official	**City** Roberts	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Fromberg	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Belfry	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 Luther Roscoe Road	
Printed Name of Authorized Official	**City** Luther	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Hammond	**Zip Code** 59332
Title	**Date**	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Alzada	**Zip Code** 59311
Title	**Date**	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Ekalaka	**Zip Code** 59324
Title	**Date**	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Great Falls	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 529	
Printed Name of Authorized Official	**City** Cascade	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Sand Coulee	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 197	
Printed Name of Authorized Official	**City** Belt	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Vaughn	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Ulm	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Simms	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Fort Benton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** Big Sandy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Highwood	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Geraldine	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 4177 Beaver Slide Rd	
Printed Name of Authorized Official	**City** Carter	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 17557 Bootlegger Trail	
Printed Name of Authorized Official	**City** Floweree	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Miles City	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 331 Kircher Creek Rd	
Printed Name of Authorized Official	**City** Miles City	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 735 Road 664	
Printed Name of Authorized Official	**City** Miles City	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 7 Mastin Road	
Printed Name of Authorized Official	**City** Kinsey	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 735 Road 664	
Printed Name of Authorized Official	**City** Miles City	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Scobey	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 701	
Printed Name of Authorized Official	**City** Glendive	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 207 West Bell	
Printed Name of Authorized Official	**City** Glendive	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 185	
Printed Name of Authorized Official	**City** Lindsay	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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 60	
Printed Name of Authorized Official	**City** Richey	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 12 Road 564	
Printed Name of Authorized Official	**City** Glendive	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 1410 West Park Ave.	
Printed Name of Authorized Official	**City** Anaconda	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Baker	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 158	
Printed Name of Authorized Official	**City** Plevna	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 7th Avenue South	
Printed Name of Authorized Official	**City** Lewistown	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Lewistown	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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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** Grass Range	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 982 Jenni Road	
Printed Name of Authorized Official	**City** Lewistown	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Moore	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** Box 9	
Printed Name of Authorized Official	**City** Roy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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(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 1048	
Printed Name of Authorized Official	**City** Denton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 1185	
Printed Name of Authorized Official	**City** Lewistown	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Winifred	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 100	
Printed Name of Authorized Official	**City** Grass Range	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 2105 Middle Road	
Printed Name of Authorized Official	**City** Columbia Falls	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 797 Fairmont Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 1205 Swan Highway	
Printed Name of Authorized Official	**City** Bigfork	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 1259	
Printed Name of Authorized Official	**City** Columbia Falls	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 897 Lake Blaine Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 1000 Helena Flats Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 40	
Printed Name of Authorized Official	**City** Kila	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Marion	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Somers	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 188	
Printed Name of Authorized Official	**City** Bigfork	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Whitefish	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 205 Gopher Lane	
Printed Name of Authorized Official	**City** Marion	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 5955 Farm To Market Road	
Printed Name of Authorized Official	**City** Whitefish	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 2290 Farm To Market Road	
Printed Name of Authorized Official	**City** Kalispell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

(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 309	
Printed Name of Authorized Official	**City** West Glacier	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 425	
Printed Name of Authorized Official	**City** Manhattan	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Bozeman	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 189	
Printed Name of Authorized Official	**City** Willow Creek	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Belgrade	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 13233 Cottonwood Road	
Printed Name of Authorized Official	**City** Bozeman	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Three Forks	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Belgrade	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Bozeman	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Gallatin Gateway	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

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

CERTIFICATION FOR INDIRECT COST RATE

For FY 2026-2027

Due April 30, 2026

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.

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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** 10040 Cottonwood Road	
Printed Name of Authorized Official	**City** Bozeman	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

(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** 841 Bear Canyon Road	
Printed Name of Authorized Official	**City** Bozeman	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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.

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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** Belgrade	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Bozeman	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 460	
Printed Name of Authorized Official	**City** West Yellowstone	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Big Sky	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 6360 Camp Creek Road	
Printed Name of Authorized Official	**City** Manhattan	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Jordan	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Brusett	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 2031 Haxby Road	
Printed Name of Authorized Official	**City** Jordan	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 113	
Printed Name of Authorized Official	**City** Cohagen	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 1491 Old Stage Rd	
Printed Name of Authorized Official	**City** Mosby	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0545	Browning Public Schools	18	Glacier	EL 0400 Browning Elem HS 0401 Browning H S K12

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

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

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

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and 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 610	
Printed Name of Authorized Official	**City** Browning	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 101 3rd Avenue SE	
Printed Name of Authorized Official	**City** Cut Bank	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0547	East Glacier Park Elem	18	Glacier	EL 0404 East Glacier Park Elem HS K12

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

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

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

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(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** E Glacier Park	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 1169	
Printed Name of Authorized Official	**City** Cut Bank	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 129	
Printed Name of Authorized Official	**City** Ryegate	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 290	
Printed Name of Authorized Official	**City** Lavina	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Philipsburg	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 109 West Main	
Printed Name of Authorized Official	**City** Hall	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 349, 108 West Edwards	
Printed Name of Authorized Official	**City** Drummond	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 1829	
Printed Name of Authorized Official	**City** Havre	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 205	
Printed Name of Authorized Official	**City** Box Elder	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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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 7791	
Printed Name of Authorized Official	**City** Havre	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 1024	
Printed Name of Authorized Official	**City** Havre	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Box Elder	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 138	
Printed Name of Authorized Official	**City** Gildford	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Rudyard	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Clancy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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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** Whitehall	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 1346	
Printed Name of Authorized Official	**City** Boulder	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0589	Cardwell Elementary	22	Jefferson	EL 0458 Cardwell Elem HS K12

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

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

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(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** Cardwell	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0591	Montana City Elementary	22	Jefferson	EL 0460 Montana City Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** 11 McClellan Creek Road	
Printed Name of Authorized Official	**City** Clancy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1033	Jefferson High School	22	Jefferson	EL HS 0457 Jefferson H S K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 838	
Printed Name of Authorized Official	**City** Boulder	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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(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 506	
Printed Name of Authorized Official	**City** Stanford	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 410	
Printed Name of Authorized Official	**City** Hobson	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 70	
Printed Name of Authorized Official	**City** Geyser	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0601	Arlee Public Schools	24	Lake	EL 0474 Arlee Elem HS 0475 Arlee H S K12

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

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

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

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(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** 72220 Fyant Street	
Printed Name of Authorized Official	**City** Arlee	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 111 4th Avenue East	
Printed Name of Authorized Official	**City** Polson	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** St Ignatius	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 42448 Valley View Road	
Printed Name of Authorized Official	**City** Polson	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 23187 MT Hwy 83	
Printed Name of Authorized Official	**City** Swan Lake	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Ronan	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1042	Charlo Public Schools	24	Lake	EL 1205 Charlo Elem HS 1206 Charlo H S K12

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

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

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(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** Charlo	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1046	Upper West Shore Elem	24	Lake	EL 1211 Upper West Shore Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 195	
Printed Name of Authorized Official	**City** Dayton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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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** 1325 Poplar Street	
Printed Name of Authorized Official	**City** Helena	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 523	
Printed Name of Authorized Official	**City** Canyon Creek	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** East Helena	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 200	
Printed Name of Authorized Official	**City** Wolf Creek	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0621	Auchard Creek Elementary	25	Lewis & Clark	EL 0498 Auchard Creek Elem HS K12

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

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

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

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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** 9605 Hwy 287	
Printed Name of Authorized Official	**City** Wolf Creek	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Lincoln	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 307	
Printed Name of Authorized Official	**City** Augusta	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 78 333 2100 Rd S	
Printed Name of Authorized Official	**City** Galata	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1073	Chester-Joplin-Inverness PS	26	Liberty	EL 1236 Chester-Joplin-Inverness El HS 1237 Chester-Joplin-Inverness HS K12

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

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

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(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** Chester	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0639	Troy Public Schools	27	Lincoln	EL 0519 Troy Elem HS 0520 Troy H S K12

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

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

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(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 867	
Printed Name of Authorized Official	**City** Troy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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(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** Libby	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 2000	
Printed Name of Authorized Official	**City** Eureka	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** Fortine	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 1564 Old Highway 2 North	
Printed Name of Authorized Official	**City** Troy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 29893 Yaak River Road	
Printed Name of Authorized Official	**City** Troy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0651	Trego Elementary	27	Lincoln	EL 0534 Trego Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 10	
Printed Name of Authorized Official	**City** Trego	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0653	Alder-Upper Ruby Elem	28	Madison	EL 0536 Alder Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 127	
Printed Name of Authorized Official	**City** Alder	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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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** Sheridan	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 419	
Printed Name of Authorized Official	**City** Twin Bridges	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 7	
Printed Name of Authorized Official	**City** Harrison	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 517	
Printed Name of Authorized Official	**City** Ennis	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0660	Circle Public Schools	29	McCone	EL 0547 Circle Elem HS 0548 Circle H S K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** Box 99	
Printed Name of Authorized Official	**City** Circle	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 180	
Printed Name of Authorized Official	**City** Circle	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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.

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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 C	
Printed Name of Authorized Official	**City** White Sulphur Springs	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 330	
Printed Name of Authorized Official	**City** Alberton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 400	
Printed Name of Authorized Official	**City** Superior	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 280	
Printed Name of Authorized Official	**City** St Regis	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0692	Missoula Co Public Schls	32	Missoula	EL 0583 Missoula Elem HS 0584 Missoula H S K12

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

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

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(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** 909 South Ave West	
Printed Name of Authorized Official	**City** Missoula	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 2385 Flynn Lane	
Printed Name of Authorized Official	**City** Missoula	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 11395 Highway 93 South	
Printed Name of Authorized Official	**City** Lolo	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Bonner	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0698	Bonner Elementary	32	Missoula	EL 0590 Bonner Elem HS K12

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

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

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

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(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** Bonner	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0699	Woodman Elementary	32	Missoula	EL 0591 Woodman Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** 18470 Highway 12 West	
Printed Name of Authorized Official	**City** Lolo	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 6355 Padre Lane	
Printed Name of Authorized Official	**City** Missoula	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 4095 South Avenue West	
Printed Name of Authorized Official	**City** Missoula	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 5024 Sunset Hill Road	
Printed Name of Authorized Official	**City** Greenough	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 250	
Printed Name of Authorized Official	**City** Clinton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Condon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Seeley Lake	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 117	
Printed Name of Authorized Official	**City** Frenchtown	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 12 Main Street	
Printed Name of Authorized Official	**City** Roundup	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 97	
Printed Name of Authorized Official	**City** Melstone	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** Livingston	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Gardiner	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0721	Cooke City Elementary	34	Park	EL 0617 Cooke City Elem HS K12

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

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

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(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 1070	
Printed Name of Authorized Official	**City** Cooke City	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 2575 East River Rd	
Printed Name of Authorized Official	**City** Livingston	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 37	
Printed Name of Authorized Official	**City** Pray	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** Clyde Park	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 167	
Printed Name of Authorized Official	**City** Winnett	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Dodson	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 298	
Printed Name of Authorized Official	**City** Saco	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 670	
Printed Name of Authorized Official	**City** Malta	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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 46	
Printed Name of Authorized Official	**City** Whitewater	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 259	
Printed Name of Authorized Official	**City** Heart Butte	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 149	
Printed Name of Authorized Official	**City** Dupuyer	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.)

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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** 215 South Maryland St	
Printed Name of Authorized Official	**City** Conrad	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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.

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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** Valier	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 400 New Miami Lane	
Printed Name of Authorized Official	**City** Conrad	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Biddle	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0799	Broadus Public Schools	38	Powder River	EL 0705 Broadus Elem HS 0706 Powder River Co Dist H S K12

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

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

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(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** Broadus	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0806	Deer Lodge School District No1	39	Powell	EL 0712 Deer Lodge Elem 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.

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** 709 Missouri Avenue	
Printed Name of Authorized Official	**City** Deer Lodge	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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 9	
Printed Name of Authorized Official	**City** Ovando	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Helmville	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** Garrison	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Elliston	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 246	
Printed Name of Authorized Official	**City** Avon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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

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

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

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(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 187	
Printed Name of Authorized Official	**City** Terry	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 1151 Eastside Highway	
Printed Name of Authorized Official	**City** Corvallis	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 300 Park Street	
Printed Name of Authorized Official	**City** Stevensville	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 217 Daly Avenue	
Printed Name of Authorized Official	**City** Hamilton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 425 4th Avenue	
Printed Name of Authorized Official	**City** Victor	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 209 School Drive	
Printed Name of Authorized Official	**City** Darby	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Stevensville	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** Florence	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Sidney	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0832	Savage Public Schools	42	Richland	EL 0747 Savage Elem HS 0748 Savage H S K12

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

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

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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** Savage	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 145	
Printed Name of Authorized Official	**City** Sidney	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0834	Fairview Public Schools	42	Richland	EL 0750 Fairview Elem HS 0751 Fairview H S K12

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

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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 467	
Printed Name of Authorized Official	**City** Fairview	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Sidney	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 260	
Printed Name of Authorized Official	**City** Lambert	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Wolf Point	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Poplar	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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 459	
Printed Name of Authorized Official	**City** Culbertson	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Wolf Point	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** Brockton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Bainville	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0863	Froid Public Schools	43	Roosevelt	EL 0786 Froid Elem HS 0787 Froid H S K12

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

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

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(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** Froid	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Birney	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 319	
Printed Name of Authorized Official	**City** Forsyth	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Lame Deer	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** PO Box 38	
Printed Name of Authorized Official	**City** Rosebud	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Colstrip	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 17	
Printed Name of Authorized Official	**City** Ashland	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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 549	
Printed Name of Authorized Official	**City** Plains	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0875	Thompson Falls Pub Schls	45	Sanders	EL 0804 Thompson Falls Elem HS 0805 Thompson Falls H S K12

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

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

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

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(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** Thompson Falls	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Trout Creek	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** Dixon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0880	Noxon Public Schools	45	Sanders	EL 0811 Noxon Elem HS 0812 Noxon H S K12

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

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

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(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 Noxon Ave	
Printed Name of Authorized Official	**City** Noxon	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Hot Springs	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 109	
Printed Name of Authorized Official	**City** Westby	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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 265 311 Young St	
Printed Name of Authorized Official	**City** Medicine Lake	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Plentywood	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 111 North Montana	
Printed Name of Authorized Official	**City** Butte	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 105	
Printed Name of Authorized Official	**City** Ramsay	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 50 Schoolhouse Road	
Printed Name of Authorized Official	**City** Divide	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Park City	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0909	Columbus Public Schools	48	Stillwater	EL 0848 Columbus Elem HS 0849 Columbus H S K12

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

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

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(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** Columbus	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0910	Reed Point Public Schools	48	Stillwater	EL 0850 Reed Point Elem HS 0851 Reed Point H S K12

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

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

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(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 338	
Printed Name of Authorized Official	**City** Reed Point	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0912	Fishtail Elementary	48	Stillwater	EL 0853 Fishtail Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 75	
Printed Name of Authorized Official	**City** Fishtail	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0916	Nye Elementary	48	Stillwater	EL 0857 Nye Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** Box 472	
Printed Name of Authorized Official	**City** Nye	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 89	
Printed Name of Authorized Official	**City** Rapelje	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

(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** 327 S Woodard Ave	
Printed Name of Authorized Official	**City** Absarokee	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 887	
Printed Name of Authorized Official	**City** Big Timber	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0925	Melville Elementary	49	Sweet Grass	EL 0868 Melville Elem HS K12

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

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

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

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and 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 275	
Printed Name of Authorized Official	**City** Melville	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Greycliff	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** PO Box 532	
Printed Name of Authorized Official	**City** McLeod	**Zip Code** 59052
Title	**Date**	

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

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 886	
Printed Name of Authorized Official	**City** Big Timber	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 204 7th Ave NW	
Printed Name of Authorized Official	**City** Choteau	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 766	
Printed Name of Authorized Official	**City** Bynum	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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 399	
Printed Name of Authorized Official	**City** Fairfield	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Power	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 1374 Hiway 408	
Printed Name of Authorized Official	**City** Fairfield	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 65	
Printed Name of Authorized Official	**City** Pendroy	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 590 Hwy 431	
Printed Name of Authorized Official	**City** Fairfield	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Dutton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Sunburst	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 1010 Oilfield Avenue	
Printed Name of Authorized Official	**City** Shelby	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0973	Hysham K-12 Schools	52	Treasure	EL HS K12 0923 Hysham K-12 Schools

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** PO Box 272	
Printed Name of Authorized Official	**City** Hysham	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Glasgow	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 488	
Printed Name of Authorized Official	**City** Frazer	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Hinsdale	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0981	Opheim K-12 Schools	53	Valley	EL HS K12 0935 Opheim K-12 Schools

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** Box 108	
Printed Name of Authorized Official	**City** Opheim	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 170	
Printed Name of Authorized Official	**City** Nashua	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 282 Lustre Road	
Printed Name of Authorized Official	**City** Frazer	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 288	
Printed Name of Authorized Official	**City** Harlowton	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** Judith Gap	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
0997	Wibaux K-12 Schools	55	Wibaux	EL HS K12 0964 Wibaux K-12 Schools

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

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

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(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** Wibaux	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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** Lockwood	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 3139 Duck Creek Road	
Printed Name of Authorized Official	**City** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 606 S 5th St	
Printed Name of Authorized Official	**City** Laurel	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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 69	
Printed Name of Authorized Official	**City** Custer	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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** 8824 Pryor Road	
Printed Name of Authorized Official	**City** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1017	Broadview Public Schools	56	Yellowstone	EL HS K12 0979 Broadview 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 147	
Printed Name of Authorized Official	**City** Broadview	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** 6416 Elysian Road	
Printed Name of Authorized Official	**City** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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:

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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** 1477 Ash Street	
Printed Name of Authorized Official	**City** Worden	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1022	Shepherd Public Schools	56	Yellowstone	EL 0985 Shepherd Elem HS 0986 Shepherd H S K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** Box 8	
Printed Name of Authorized Official	**City** Shepherd	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

SS #	School System (SS) Name	County #	County	LE's Included
1023	Pioneer Elementary	56	Yellowstone	EL 0987 Pioneer Elem HS K12

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

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

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	**Street Address or P.O. Box** 1937 Dover Road	
Printed Name of Authorized Official	**City** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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.

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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** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature

Office of Public Instruction Susie Hedalen, Superintendent PO Box 202501 Helena, MT 59620-2501	**CERTIFICATION FOR INDIRECT COST RATE** For FY 2026-2027 Due April 30, 2026

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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(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** 1750 Ray of Hope Lane	
Printed Name of Authorized Official	**City** Billings	**Zip Code** 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 FY2027	Date Approved
	Approver Signature