## CERTIFICATION FOR INDIRECT COST RATE Office of Public Instruction For FY 2024-2025 Elsie Arntzen, Superintendent PO Box 202501 Helena, MT 59620-2501 Due April 30, 2024 SS# School System (SS) Name County # County LE's Included EL 0400 Browning Elem 0545 **Browning Public Schools** 18 Glacier 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 Street Address or P.O. Box Chairperson PO Box 610 **Printed Name of Authorized Official Zip Code** City 59417 Browning **Title Date** School Accounting and Budgeting Send completed form to:

Office of Public Instruction

PO Box 202501

Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

**Approved Rate for FY2025** 

Date Approved