

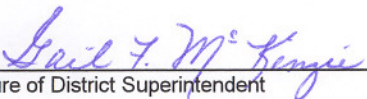
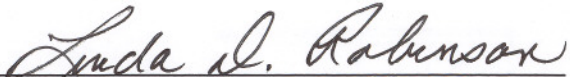
DISTRICT SCHOOL BOARD OF   POLK   COUNTY  
CERTIFICATION AND REQUEST FOR AUTHORIZED INDIRECT COST RATE  
PLAN B

I certify that the information contained herein has been prepared in accordance with the instructions issued by the State of Florida Department of Education, conforms with the criteria in OMB Circular A-87, EDGAR, and CFR, Title 34, and is correct to the best of my knowledge and belief. No costs other than those incurred by this agency have been included in the indirect cost rate application. The same costs that have been treated as indirect costs have not been and will not be claimed as direct costs, and similar types of costs have been accorded consistent treatment. All expenditures detailed on the application form have been made, and records supporting them have been maintained and are available for audit.

We hereby apply for the following indirect cost rate:

<b>Federal Programs - Restricted with Carry Forward</b>	<u>  4.04%  </u>
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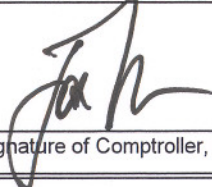
I further certify that all data on this form are referenced to the District Superintendent's Annual Financial Report to the Florida Commissioner of Education, ESE 145, and other pertinent financial records, for Fiscal Year 2007-2008, in conformance with the manual, Financial and Program Cost Accounting and Reporting for Florida Schools, and that all General Fund and Special Revenue Funds expenditures have been used.

 _____ Signature of District Superintendent	 _____ Signature of Finance Officer
<u>  5/14/09  </u> Date Signed	<u>  5/14/09  </u> Date Signed

Your proposal has been accepted and the following rate approved:

<b>Federal Programs - Restricted with Carry Forward</b>	<u>  4.04%  </u>
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These rates become effective **July 1, 2009, and remain in effect until June 30, 2010**, and will apply to all eligible federally assisted programs as appropriate.

 _____ Signature of Comptroller, Florida Department of Education	<u>  6/3/09  </u> Date Signed
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