## Browning Public Schools **Board Agenda Request** Meeting to Be Held: 6/28/17



Recognit	tion: Students	Staff	Parents		
Informa	tion: Building Report	Old Business	Superintendent's Report		
Action:	Resignation	☐ Hiring			
	Travel Out-of-State	Travel In State	Approvals		
	Termination	Legal Matters	Other:		
	This action request pertains t	o   Elementary (only)			
Date:	6/13/17				
To:	John P. RouseFrom:Jason AndreasSuperintendentTitle:Executive Director				
Subject:	CSA for BAWAP Student				
<b>Descript</b> agreemen	ion: Matthew Johnson, Direct for Shaylee Devereaux for the	tor of Alternative Education the BAWAP Summer Prog	on, is recommending a contract service gram.		
Financia	al Impact: \$840.00				
Funding	Source (Budget/grant, etc.):	126.64.170.1340.0120			
Attachm	nent(s): CSA				
Approva	al: Superintendent's Office/Fin	nance/Personnel as applica	able (Initial)		
Commer	nts:				
Board A	ction: N/A (Info)	Approved Denie	d Tabled to:		

## Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-3200

Date: May 8, 2017					
Contractor: Sample Contract					
Address: P.O. Box or Street Address		MT	59417		
P.O. Box or Street Address	City	State	Zip		
Type of Project/Service (be specific): Stude	ent Trip Leader for I	Blackfeet W	/ilderness Adventur	e Progran	
(BAWAP). Contractor will attend mandatory s					
June 12 -June 29, 2016 on (3) scheduled BAW					
Coordinator, A scheduled BAWAP Trip is define	d as, and includes the	following w	ork schedule: Mon	day at 8:0	
am (packing for the trip and conducting outrea	ich and recruitment to	ensure the	re is a minimum o	f 12 yout	
participants) through Thursday at 1:00 pm (cond	ducting the field portion	on of the pro	ogram and directly	supervising	
youth and conducting trip clean up, ensuring					
documentation). Additionally, contractor will pa	rticipate in three (3) a	after school	trip prep meetings.	Contracto	
will provide bi-weekly timesheets to the Director	of Alternative Educat	tion, or desig	gnee, and maintain	all required	
trip documentation.					
Contracted Dates: 6/12/17 - 6/30/17					
Rate per hour/per day: \$70.00 stipened/day x 4 da			= <u>\$840.00</u>		
Per Diem/per day:x	# of Days		= <u>N/A</u>		
Mileage:miles @	per mile		= <u>N/A</u>		
Other costs (explain):			= _\$		
	Total Project C	ost	= <u>\$840.00</u>		
Contract to be paid from:	Independen				
126651701340120	Submit invoice on completion				
Impact Aid	Other				
	Employee:				
	⊠ Submi	it timesheet	through payroll		
The above terms and conditions constitute an agr	reement by and betwe-	en the contr	actor and the Brown	ina Public	
Schools for the contractor to render services, as					
unforeseen problems, this agreement shall be char			•		
Contractor's Signature			ector Alt Education		
contractor s Signature	Principal/Sup	CIVISOI			
SSN/Federal ID Number/EIN	Superintende	nt		_	
was to were the one a transcorpt of all t	ouper mente.				
An Independent Contractor must provide Brown	ing Public Schools wi	ith a Federa	ID Number, State	Contracto	
License or sign an Independent Contractor's Ex	xemption Application	Affidavit v	waiving their rights	under the	
Worker's Compensation Insurance and Unemploy	yment Insurance for en	nployees.			