

Browning Public Schools  
**Board Agenda Request**  
Meeting to Be Held: 10/26/16



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**Recognition:**     Students                       Staff                       Parents  
**Information:**    Building Report             Old Business             Superintendent's Report  
**Action:**         Resignation                       Hiring                       Contract Service Agreements  
                     Travel Out-of-State             Travel In State             Approvals  
                     Termination                       Legal Matters             Other:  
                    This action request pertains to    Elementary (only)         High School/District Wide

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**Date:**        10/18/16

**To:**            **John Rouse**  
                    Superintendent

**From:**        Jason Andreas  
                    Title:        Executive Director

**Subject:** **CSA for Kathy Broere for Youth Mental Health First Aid Training**

**Description:** Kimberly Tatsey, Good Medicine Program Coordinator, is requesting a contract service agreement for Kathy Broere to facilitate the second half of the YMHFA Training on October 20, 2016 for first year teachers. Facilitator will be paid a \$225 stipend for a full 6 hours of professional development per the board approved extracurricular salary schedule

Kathy Broere - \$225 per day (less deductions required by law)

**Financial Impact:** **\$225.00**

**Funding Source (Budget/grant, etc.):** Montana Soars Budget

**Attachment(s):** Sample CSA

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**     N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-3200

**Date:** October 27, 2016

**Board Approval:** \_\_\_\_\_

**Contractor:** Sample CSA

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
P.O. Box or Street Address City State Zip

**Type of Project/Service** (be specific): Contractor will facilitate the Youth Mental Health training on October 20, 2016. Contractor will be required to complete the full 6 hours of professional development facilitation to receive payment. No partial payments will be made. Contractor will complete a timesheet to document the hours of participation upon completion of the training.

**Contracted Dates:** 10/21/2016

Rate per hour/per day: <u>\$225 less deductions required by law</u>	=	<u>\$225.00</u>
Per Diem/per day: _____ x _____ # of Days	=	<u>N/A</u>
Mileage: _____ miles @ _____ per mile	=	<u>N/A</u>
Other costs (explain): <u>Not to exceed total \$ amount</u>	=	<u>N/A</u>
<b>Total Project Cost</b>	=	<b><u>\$ 225.00</u></b>

**Contract to be paid from:**  
**Project Soars Budget**  
**115.90.465.2213.150.205**

**Independent Contractor:**

- Submit invoice on completion  
 Other \_\_\_\_\_

Employee:

- Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

\_\_\_\_\_  
**Contractor's Signature**

Matthew Johnson  
**Principal/Supervisor**

\_\_\_\_\_  
**SSN/Federal ID Number/EIN**

\_\_\_\_\_  
**Superintendent**

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

**White – Contractor**

**Yellow – Business Office**