

Browning Public Schools  
**Board Agenda Request**  
Meeting to Be Held: 11/30/16



---

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

---

**Date:** 11/21/16

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

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

**Subject: Contract Service Agreement - Youth Mental Health First Aid Training**

**Description:** Kimberly Tatsey, Good Medicine Program Coordinator, is recommending CSA for weekend YMHFA Trainings on weekends during the month of December. Contractors will provide a 2 day (12 hour) Youth Mental Health First Aid Training either on December 3-4 or 10-11-16 at the board approved training rate of \$225 per day outside of normal working hours.

✚ Jack Parrent X \$225 board approved daily rate X 2 days for training = \$450.00

**Financial Impact: \$450.00**

**Funding Source (Budget/grant, etc.):** 115.90.465.2213.150.205

**Attachment(s): YMHFA Sample CSA**

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

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

---

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

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

**Date:** November 30, 2016

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

**Contractor:** Jack Parrent

**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 (Date TBD).  
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:** Training Date TBD

Rate per hour/per day: \$225 less deductions required by law = \$225.00

Per Diem/per day: \_\_\_\_\_ x \_\_\_\_\_ # of Days = N/A

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = N/A

Other costs (explain): Not to exceed total \$ amount = N/A

**Total Project Cost** = \$ 225.00

**Contract to be paid from:**  
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**

Billie Jo Juneau  
**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