Browning Public Schools
Board Agenda Request
Meeting to Be Held: 10/27/2026



Recognition: ☐ Students ☐ Staff ☐ Parents
Information: ☐ Building Report ☐ Old Business ☐ Superintendent's Report
Action: ☐ Resignations ☐ 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

Date: 10/12/2026

To: **Rebecca Rappold**
Superintendent of Schools

From: **Francis Wayne BullCalf**
Title: Transportation Director

Subject: CSA: 1st Aid & CPR Training

Description: Requesting approval for a contract service agreement with Darin Wynn to provide BPS bust drivers with 1st Aid/CPR training on 10/30/2026, training is required to stay in compliance with State Laws.

Financial Impact: $ 1,300.00

Funding Source (Budget/grant, etc.) 110/210.96.167.2700.330

Attachment(s): CSA

Superintendent Action: ☐ Approved ☐ Denied ☐ Deferred Initial & date: _____

Comments: _____

_____

Board Action: ☐ N/A (Info) ☐ Approved ☐ Denied ☐ Tabled to: _____

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

Date: 10/12/2026 **Board Approval Date:** 10/27/2026

Contractor: Darin Wynn **Phone:** _____

Address: 138 3rd Ave NE Browning MT 59417
P.O. Box or Street Address **City** **State** **Zip**

Type of Project/Service (be specific): Provide 1st Aid/CPR training for required for BPS bus drivers to drive school bus.

Contracted Dates: 10/30/2026

Rate per hour/per day: $65.00 per person x 20 people	=	$1,300.00
Per Diem/per day: _____ x _____ # of Days	=	N/A
Mileage: _____miles @ _____ per mile	=	N/A
Other costs (explain): Fringe	=	$
Total Project Cost	=	$1,300.00

Contract to be paid from:

110/210.96.167.2700.330

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 **Principal/Supervisor**

_____ _____
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**

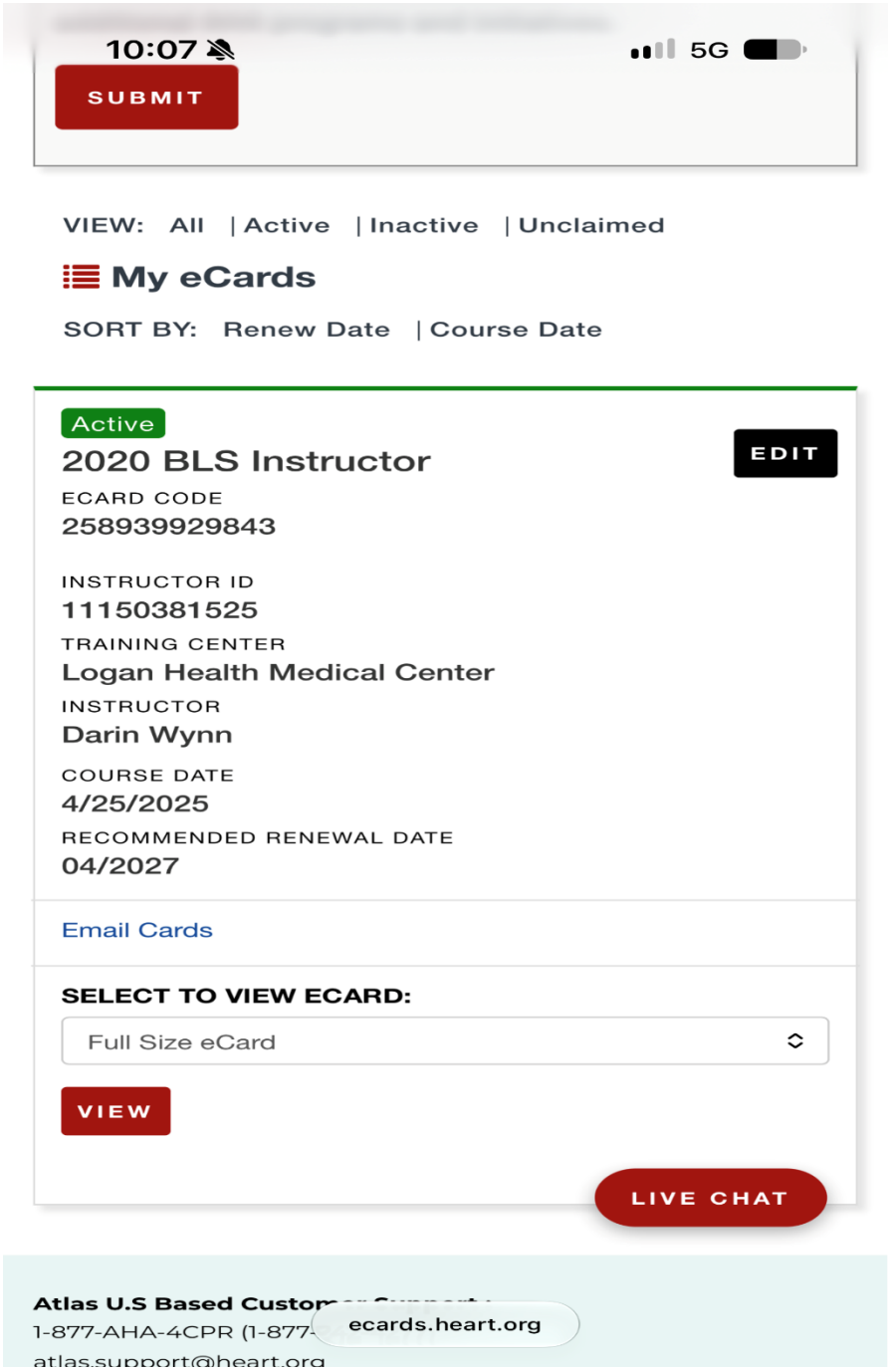
Wynn Training Resources
138 3rd Ave. NE
Cut Bank, MT 59427
1-406-450-8905

Invoice: 10161

Browning Schools

Date Monday, October 12, 2026

Description	Qty	Rate	Total
Item Description	1	0.00	0.00
Heartsaver CPR, FA, AED	20 Each	65.00	1,300.00
		Subtotal	1,300.00
		Invoice Total	**$1,300.00**


10:07
5G
SUBMIT
VIEW: All | Active | Inactive | Unclaimed
My eCards
SORT BY: Renew Date | Course Date
Active
2020 BLS Instructor
EDIT
ECARD CODE
258939929843
INSTRUCTOR ID
11150381525
TRAINING CENTER
Logan Health Medical Center
INSTRUCTOR
Darin Wynn
COURSE DATE
4/25/2025
RECOMMENDED RENEWAL DATE
04/2027
Email Cards
SELECT TO VIEW ECARD:
Full Size eCard
VIEW
LIVE CHAT
Atlas U.S Based Custom
1-877-AHA-4CPR (1-877-
ecards.heart.org
atlas.support@heart.org