Browning Public Schools **Board Agenda Request**Meeting To Be Held: 6/24/20



Recogni	tion: Students	Staff	Parents
Informa	tion:	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:	6/22/20		
To:	Board of Trustees	From:	Corrina Guardipee-Hall
	Browning Public Schools	Title:	Superintendent
Subject:	Summer EeKahKiMaht Ac	tivities 6-12	
Responsi complain		raining, planning, assig	chool district policies and applicable laws. ning, directing work and addressing minor
	Source: 226.60.720.3500.12	0	
Attachm	nent(s): CSA		
Superint	tendent Action: Approve	ed Denied De	ferred Initial & date:
Commer	nts:		
Board A	ection: N/A (Info)	Approved De	nied Tabled to:
Dual u A	Cuon IN/A (IIIIO)	Approved De	incu rabicu to

Browning Public Schools

CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-3200

Board Approval: _____

Contractor: Karleen Whitegrass	Phon	Phone: <u>845-2865</u>				
Address: P.O. Box	Brow	ning	MT		5941 <u>7</u>	
P.O. Box or Street Address	City	State		Zip		
Type of Project/Service (be specific): Maintains complanning and scheduling of all 6-12 Grade Activition accordance with all applicable regulations especial schedules, staff training, and directs staff that is he Ensures compliance with all regulations; Ensures and Regulations, Procedures, and Policies; Ensures safet student relations; Develops a highly engaged team Prepares various operational reports. Contractor will Activities.	es; Maintains opti with the COVID liping with the 6- lequate activity gu y for all students and cultivates safe	mum star 19 regular 12 grade hidelines a and staff ety first f	ndards ations; Summe are follo 6-12; N for all p	of sanita Will help or EeKah owed with Maintains participan	tion and safety in p coordinate with KiMaht Program; h CDC and Tribal positive staff and ts including staff;	
Contracted Dates: <u>6/10/2020 to 7/30/2020</u>						
Rate per hour/per day: \$16.00/hr x 10 hrs x 4 days x	<u>6 wks</u>			<u>3,480.00</u>		
Per Diem/per day: x # of Days				N/A		
Mileage: miles @ per mile			=	N/A		
Other costs (explain): Not to Exceed \$3,840.00	-		= _			
	Total Project (Cost	= \$3	3,480.00		
Contract to be paid from:	Independent Contractor:					
<u>226 64 720 3500 120</u>	Submit invoice on completion					
	Other	·				
Employee: Submit timesheet through payroll						
	Everett A					
Contractors Signature	Principal/Su	pervisor				
SSN/Federal ID Number/EIN	Superintende	ent				
An Independent Contractor must provide Browning l	Public Schools wit	th a Feder	al ID N	lumber, S	tate 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

Date: June 22, 2020

Yellow - Business Office