## Browning Public Schools **Board Agenda Request**Meeting To Be Held: 06/08/21

Recognit	ion: Students	Staff	Parents			
<b>Information:</b> 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			
Date:	06/01/21					
To:	Corrina Guardipee-Hall Superintendent	<u> </u>				
Subject: Contract Service Agreement: Speech/Language Pathologist						
<b>Description:</b> Recommend Barbara Finnell to provide Speech/Language Pathology Services for the 2021-2022 school year.						
Financial Impact: \$82,280.00						
Funding Source (Budget/grant, etc.): 115-76-456-2152-330-612						
Attachment(s): Contract Service Agreement						
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial)						
Comments:						
<b>Board Action:</b> N/A (Info) Approved Denied Tabled to:						

## Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

**Board Approval:** 6/8/21

Contractor: Barbara Finnell	<b>Phone:</b> (480) 200-2937						
			<u>T4V 4H3</u>				
P.O. Box or Street Address C	City	State	Zip				
Type of Project/Service (be specific): The Speech/Language Pathologist will provide speech/language teletherapy services to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements, The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.							
Contracted Dates: <u>08/23/21</u> to <u>06/03/21</u> Rate per hour/per day: \$55.00 x 8 hrs./5 days per w	vk (1,496 ho	urs)	= \$82,280.00				
Per Diem/per day: x # of Days			=				
Mileage: miles @	per mile		=				
Other costs (explain): Not to exceed total \$ amount	<u>t</u>		=				
	Total P	roject Cost	= <u>\$82,280.00</u>				
Contract to be paid from: 115-76-456-2152-330-612	Independent Contractor:  Submit invoice on completion Other Submit Timesheet  Employee: Submit timesheet through payroll						
The above terms and conditions constitute an agre Schools for the contractor to render services, as i unforeseen problems, this agreement shall be changed	ndicated. In	n the event o					
Contractor's Signature		Principal/Supervisor					
N/A							
Federal ID Number/EIN	Super	rintendent					
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

Date: June 1, 2021

Yellow - Business Office