

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 05/14/19



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

Date: 05/7/19

To: **Corrina Guardipee-Hall**
 Browning Public Schools

From: Laura Gervais
Title: Interim Special Services Director

Subject: Contract Service Agreement: Speech/Language Pathologist 2019-2020

Description: Recommend Alida Wright to provide Speech/Language Pathology Services for the 2019-2020 school year

Financial Impact: \$ 50,600.00

Funding Source (Budget/grant, etc.): 115-76-456-2152-330-610

Attachment(s): Contract Service Agreement

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: May 7, 2019

Board Approval: _____

Contractor: Alida Wright

Phone: (406) 471-7804

Address	<u>P.O. Box 458</u>	<u>Columbia Falls</u>	<u>MT</u>	<u>59912</u>
	<small>P.O. Box or Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Type of Project/Service (be specific): The Speech/Language Pathologist will provide speech/language therapy 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: 08/29/19 to 06/08/20

Rate per hour/per day: \$55.00 x 8 hrs./3 days per wk (115 days) = \$50,600.00

Per Diem/per day: _____ x _____ # of Days = _____

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): Not to exceed total \$ amount = _____

Total Project Cost = \$50,600.00

Contract to be paid from:

115-76-456-2152-330-610

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

517-46-9840

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