Board A	ng Public Schools Agenda Request to Be Held: 10/11/16	*				
Recognit	ion: 🗌 Students	Staff	Parents			
Informat	ion: 🗌 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:	10/04/16					
То:	John Rouse Superintendent		ason Andreas Executive Director			
Subject: CSAs for Youth Mental Health First Aid Training for 1st Year Teachers						
Description: Matthew Johnson will facilitate the YMHFA Training on October 20, 2016 for 6 hours of professional development.						
Financia	l Impact: \$225.00 ea					
Funding Source (Budget/grant, etc.): Districtwide Professional Development						
Attachment(s): Sample CSA, Excel spreadsheet of attendees						

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

Comments:

Board Action :	1	N/A (Info)	\square	Approved	\square	Denied	\square	Tabled to:	
Doard Action.		(IIIIO)		rippioved		Demeu		Tablea to.	

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

Date: October 11, 2016	Board Approval	:	
Contractor: Matthew Johnson	Phone:		
Address:			
P.O. Box or Street Add	dress City	State	Zip
Type of Project/Service (be specific	c): Contractor will facilitate the Youth M	lental Health tra	ining on October 20,
2016. Contractor will be required to	complete the full 6 hours of professiona	ll development f	acilitation to receive
payment. No partial payments will b	be made. Contractor will complete a time	esheet to docum	ent the hours of
participation upon completion of the	training.		
Contracted Dates: 10/21/2016 Rate per hour/per day: \$225 less ded Per Diem/per day: x# o Mileage: miles @per r Other costs (explain): Not to e	of Days nile	$= \frac{\$22}{N/A}$ $= \frac{N/A}{N/A}$ $= \frac{N/A}{8}$ $= \frac{\$225}{8}$	
Contract to be paid from:	Independent Co	ntractor:	
126.90.100.2213.330	Submit inv	oice on complet	ion
226.90.100.2213.330	Other		
	Employee: Submit tim	esheet through p	payroll
The above terms and conditions con	stitute on agreement by and between th	a contractor and	the Drowning Dubli

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	Kim Tatsey McKay 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