

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 11/30/16



Recognition:	<input type="checkbox"/> Students	<input type="checkbox"/> Staff	<input type="checkbox"/> Parents
Information:	<input type="checkbox"/> Building Report	<input type="checkbox"/> Old Business	<input type="checkbox"/> Superintendent's Report
Action:	<input type="checkbox"/> Resignation	<input type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Contract Service Agreements
	<input type="checkbox"/> Travel Out-of-State	<input type="checkbox"/> Travel In State	<input type="checkbox"/> Approvals
	<input type="checkbox"/> Termination	<input type="checkbox"/> Legal Matters	<input type="checkbox"/> Other:
This action request pertains to	<input type="checkbox"/> Elementary (only)	<input checked="" type="checkbox"/> High School/District Wide	

Date: 11/21/16

To: **John Rouse**
Superintendent

From: Jason Andreas
Title: Executive Director

Subject: Contract Service Agreement - Youth Mental Health First Aid Training

Description: Kimberly Tatsey, Good Medicine Program Coordinator, is recommending CSA for weekend YMHFA Trainings on weekends during the month of December. Contractors will provide a 2 day (12 hour) Youth Mental Health First Aid Training either on December 3-4 or 10-11-16 at the board approved training rate of \$225 per day outside of normal working hours.

✚ Dawn Cobell X \$225 board approved daily rate X 2 days for training = \$450.00

Financial Impact: \$450.00

Funding Source (Budget/grant, etc.): 115.90.465.2213.150.205

Attachment(s): YMHFA Sample CSA

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: November 30, 2016

Board Approval: _____

Contractor: Dawn Cobell

Phone: _____

Address: _____
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): Contractor will facilitate the Youth Mental Health training on (Date TBD).
Contractor will be required to complete the full 6 hours of professional development facilitation to receive payment. No partial payments will be made. Contractor will complete a timesheet to document the hours of participation upon completion of the training.

Contracted Dates: Training Date TBD

Rate per hour/per day: \$225 less deductions required by law = \$225.00

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

Mileage: _____ miles @ _____ per mile = N/A

Other costs (explain): Not to exceed total \$ amount = N/A

Total Project Cost = \$ 225.00

Contract to be paid from:
115.90.465.2213.150.205

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

Billie Jo Juneau
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