

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 10/15/24



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: 10/11/24

To: School Board Member

From: Rebecca Rappold
Title: Superintendent

Subject: **CSA: Wellness Committee 2024-2025**

Description: Recommend approving Robert Miller, Wellness Committee member, who will be helping plan and implement Wellness Day Activities for staff of Browning Public Schools:

- November District Wellness Day
- March District Wellness Day & ½ Day AM Staff Appreciation Day.
- Collect Wellness Data
- District Step Challenge (NOVEMBER - 1ST)
- District Melt-Down Challenge (NOVEMBER - 1ST)
- Assess Wellness Rooms and equipment
- Final Community Tailgate Social
- Tribal Health Community Activities
- THANKSGIVING OPENING?
- CHRISTMAS OPENING?
- STUDENT WELLNESS ADVISORY GROUP! MEETING with all buildings

Financial Impact: \$3,360.00 + fringe

Funding Source (Budget/grant, etc.): MHCF Grant 115.90.470.2213.120.209

Attachment: 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) 338-2708

Date: 10/8/24

Board Approval: 10/15/24

Contractor: Robert Miller

Phone: 406-338-2745

Address: Browning,
P.O. Box or Street Address

MT 59417
City, State, Zip

Type of Project/Service (be specific): Contractor will help plan and implement the (2) Wellness Day for the Browning Public Schools staff. The following responsibilities will be: November District Wellness Day; March District Wellness Day & ½ Day AM Staff Appreciation Day; Collect Wellness Data; District Step Challenge (NOVEMBER - 1ST); District Melt-Down Challenge (NOVEMBER - 1ST); Assess Wellness Rooms and equipment; Final Community Tailgate Social; Tribal Health Community Activities; STUDENT WELLNESS ADVISORY GROUP! MEETING with all buildings

Contracted Dates: 10/14/24 to 12/31/24

Rate per hour/per day: 2hr/day x \$21.00 x NTE 160 # of Days = \$3360.00

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

Mileage: _____ miles @ _____ per mile = NA

Other costs (explain): _____ = NA

Total Project Cost = \$3360.00

Contract to be paid from:

MHCF grant 115.90.470.2213.120.209

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

Rebecca Rappold
Principal/Supervisor

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