

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 7/12/22



| | | | |
|---------------------------------|--|---|--|
| 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"/> Resignations | <input type="checkbox"/> Hiring | <input type="checkbox"/> Contract Service Agreements |
| | <input type="checkbox"/> Travel Out-of-State | <input checked="" 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: 7/6/22

To: Board of Trustees
BPS

From: Crystal Tailfeathers
Title: Director of Finance

Subject: In State Travel: FISEF Workshop 2022-2023

Description: Request travel to attend the FISEF Workshop in Billings, MT August 25 & 26, 2022.

Financial Impact: \$1,512.50

Funding Source (Budget/grant, etc.): Director of Finance Travel

Attachment(s): Travel Request/Agenda

Superintendent Action: ☐ Approved ☐ Denied ☐ Deferred Initial & date: _____

Comments: _____

Board Action: ☐ N/A (Info) ☐ Approved ☐ Denied ☐ Tabled to: _____

FISEF TWO-DAY SCHOOL BUSINESS OFFICIALS WORKSHOP

AUGUST 25-26, 2022

BILLINGS HOTEL & CONVENTION CENTER

1223 MULLOWNEY LANE, BILLINGS, MT 59101

NAFIS HAS A SMALL HOTEL ROOM BLOCK (SEE DETAILS BELOW)

Registration

Name:

Crystal Tailfeathers
Corrina Guardipee-Hall

School District:

Browning, MT
59417

Mailing Address:

PO Box 610
Browning, MT 59417

Phone:

(406) 338-2715

Fax:

(406) 338-2708

Email:

Corrinag@bps.k12.mt.us

SCHOOL DISTRICT DATA

1. Select all types of Federal students served:

☒ Indian Lands

☐ Military

☐ Low Rent Housing

☐ Civilian

2. Avg. daily attendance last year:

3. Select one used to gather information for survey:

☒ Source Check

☐ Student Survey

☐ Both

ATTENDEE DATA

1. Select all of your current responsibilities:

☐ Student Survey

☒ Impact Aid Application

☐ Budgeting for Impact Aid Receipts

2. Select your years of IMPACT AID experience:

☐ 0

☐ 1-3

☐ 4-7

☐ 7-10

☒ Over 10

PAYMENT INFORMATION

Price:

\$460.00

Circle your payment option:

☐ Cash

☐ Check

☒ P.O.

Checks Payable to:

Federally Impacted Schools Educational Foundation

Send registration/payment/P.O. to:

Anne O'Brien, FISEF, 400 North Capitol Street, NW, Suite 290, Washington, DC 20001, or email to anne@nafisd.org

Hotel Room Block:

NAFIS secured a small room block at a rate of \$109 per night (excluding taxes and fees), available first-come, first-serve. Reserve a room by calling 406-248-7151. The block is under National Association of Federally Impacted Schools, and the group code is NAFIS.

TENTATIVE AGENDA

DAY ONE

8:30AM Continental Breakfast

9:00AM Introductions

9:10AM Workshop Overview

9:30AM Law/Regulations

- Changes may affect your district

10:30AM How have demographic changes affected the program?

11:00AM Identifying Eligible Students

- Survey/Source Check

- Completing your Section 7003 application

- Beginning your FY2021 Section 7003 application

12:00PM Lunch (provided)

1:00PM The Payment Formula

- Converting membership to ADA (class exercise)

- Student Weights

- Local Contribution Rate

• Calculating maximum payment

• Calculating disability payment

2:30PM Understanding/

Computing LOT Percentage

- Your district's financial profile

- What figures do you need?

3:00PM Voucher: What does it tell you?

3:30PM Calculating a payment (class exercise)

4:00PM Review

DAY TWO

8:30AM Continental Breakfast

9:00AM - Other Law Provisions

- Equalization

- Indian Policies and Procedures

- Construction

10:00AM - Estimating payment with your FY23 application

10:45AM - Transferring payment estimates to voucher

11:15AM - Field Reviews

11:45AM - Questions & Answers

12:00PM - Adjourn

Cancellations received in writing before 8/12/22 will be refunded in total; between 8/12/22 and 8/19/22 will be refunded 50%; no refund thereafter.

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Sample Request
Building Administration

Employee # _____
Substitute Name NA

LEAVE REPORT

Date of Leave 8/25, 26, 2022 Hours 16 Type of Leave HRS

Employee Signature _____ Date _____

☒ **Approved; Condition upon the specific leave being available for the specific employee** ☐ **Not Approved**

Principal/Supervisor _____ Date _____

TYPE OF LEAVE

| | | |
|--|------------------------------------|-------------------------------|
| AN Annual | PL Personal Leave | ALWO Approved Leave W/O Pay |
| SL Sick Leave | JD Jury Duty (attach verification) | ULWO Unapproved Leave w/o Pay |
| *EX/SR Extra-Curricular/School Related | NG National Guard | SWP Suspended w/Pay |
| | FN Funeral _____ | SWOP Suspended w/o Pay |

(Master Contract) Relationship)

***If taking School Related/Extra-Curricular Leave only, In or Out of District, you MUST list Conference Name/Location**

TRAVEL REQUEST (If receiving payment for EX/SR leave please fill out entire form completely)

Conference/Workshop FISEF Conference **Attach Brochure/Agenda**

Location Billings, MT

Departure Date 8/24/22

Return Date 8/26/22

Departure Time 1:00 p.m.

Return Time 6:00 p.m.

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☐ Professional Development

Mileage 692 miles @ .625 =\$ 432.50

Per Diem 2 days @ 51 + 20S =\$ 120.00

☒ Registration PO# _____ =\$ 460.00

☒ Hotel PO# _____ =\$ 500.00

☐ Other PO# _____ Airfare =\$ -0-.00

☐ Other PO# _____ Luggage =\$ -0-.00

Sub Total \$1,512.50

Budget 126.90.160.2510.582 (75%) \$414.38
226.90.160.2510.582 (25%) \$138.12

Check Total **\$552.50**

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____