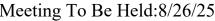
Browning Public Schools **Board Agenda Request**Meeting To Be Held:8/26/25





Recognition Information 1	on: Students					
Informati		Staff	Parents			
	ion:	Old Business	Superintendent's Report			
Action:	Resignations	☐ Hiring	 □ Contract Service Agreements □ Approvals □ Other: □ High School/District Wide 			
	Travel Out-of-State	Travel In State				
	Termination	Legal Matters				
	This action request pertains t	o ☐ Elementary (only)				
Date:8/21	/25					
To:	Rebecca Rappold From: Dalaina Grant					
	Superintendent Title: Food Service Director					
Subject: I	First Aid/CPR Class-Food S	ervice 2025-2026				
Description	on: Request approval of a Cor	ntract Service Agreement f	or Brenda Guardipee to put on a First			
Description Aid/CPR	on: Request approval of a Corclass 8/22/25 for Food Service	ntract Service Agreement f	or Brenda Guardipee to put on a First			
Description Aid/CPR	on: Request approval of a Cor	ntract Service Agreement f	or Brenda Guardipee to put on a First			
Description Aid/CPR of	on: Request approval of a Corclass 8/22/25 for Food Service	ntract Service Agreement f e employees.	or Brenda Guardipee to put on a First			
Description Aid/CPR of Financial Funding S	on: Request approval of a Corclass 8/22/25 for Food Service Impact: \$770.00 Source (Budget/grant, etc.):	ntract Service Agreement f e employees.	or Brenda Guardipee to put on a First			
Description Aid/CPR of Financial Funding St	on: Request approval of a Corclass 8/22/25 for Food Service Impact: \$770.00 Source (Budget/grant, etc.):	ntract Service Agreement for employees. 112.92.910.3100.610				
Description Aid/CPR of Financial Funding Statechmen Superinter	on: Request approval of a Corclass 8/22/25 for Food Service Impact: \$770.00 Source (Budget/grant, etc.):	ntract Service Agreement for employees. 112.92.910.3100.610 d	For Brenda Guardipee to put on a First			

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715

Date: <u>8/12/25</u>		Board Approval Date:					
Contractor: Brenda Guardipee		Phone: <u>406-338-2952</u>					
Address: P.O. Box or	Street Address	City	State	Zip			
Type of Project/Ser	vice (be specific): First	aid/CPR training for	all cooks fo	r the 2025-2026	School Year.		
Contracted Dates: Au	gust 22, 2025						
Rate per hour/per day:	\$50 per person + \$20 per	card x 11 people	=	\$770.00			
Per Diem/per day:	X	# of Days	=	N/A			
Mileage:	miles @	per mile	=	N/A			
Other costs (explain): 1	<u>Fringe</u>		=	\$			
		Total Project C	Cost =	\$770.00			
Contract to be paid from:		Independen	r:				
112.92.910.3100.610		Submit invoice on completion					
		Other					
		Employee:					
		⊠ Submi	rough payroll				
for the contractor to r	onditions constitute an agrender services, as indica ent shall be changed according	ted. In the event of no		-			
Contractor's Signature		Principal/Sup	Principal/Supervisor				
Federal ID Number/F	EIN	Superintende	ent				
An Indonandant Contra	octor must provide Proven	ing Public Schools with	o Fodorol ID	Number State Co.	ntractor License		

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