

Browning Public Schools Board Agenda Request Meeting To Be Held: June 8, 2021

| Recognit | ion: Students | Staff | Parents |
|----------|------------------------------------------|-------------------|----------------------------------------|
| Informat | ion: 🗌 Building Report | Old Business | Superintendent's Report |
| Action: | Resignations | ☐ 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: | 5/19/21 | | |
| То: | Corrina Guardipee Hall Superintendent | | ri DeRoche rector of Transportation |

Subject: CSA: 1st Aid PD / CPR 2020-2021

Description: Request a CSA for Brenda Guardipee to provide First Aid/CPR training for bus drivers who are required to have this class. This training is essential for child safety and required for BPS child care licensure.

Financial Impact: \$420.00 (\$50.00 x 6 + \$20.00 ea for First Aid Card)

Funding Source (Budget/grant, etc.): 110 / 210-96-167-2710-0330

Attachment(s): 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: May 19, 2021 | Board Approval: <u>6/8/21</u> | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------|-------|
| Contractor: Brenda Guardipee | Phone: <u>(406)</u> 845-5433 | |
| Address: PO Box 1342 P.O. Box or Street Address | Browning, MT 59417 City, State, Zip | _ |
| Type of Project/Service (be specific): <u>Contractore</u> drive school bus. | or will provide First Aid/CPR training to bus drivers require | ed to |
| Contracted Dates: <u>6/11/2021</u> | | |
| Rate per hour/per day: $\frac{50x6 + 20}{20}$ ea (Cards) | = \$420.00 | |
| Per Diem/per day: x # of Days | $=$ $\frac{1}{N/A}$ | |
| Mileage:miles @per mile | $= \overline{N/A}$ | |
| Other costs (explain): Not to exceed total \$ amou | | |
| | Total Project Cost = $$420.00$ | |
| Contract to be paid from: | Independent Contractor: | |
| 110-96-167-2710-0330 | Submit invoice on completion | |
| 210-96-167-2710-0330 | 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

Teri DeRoche 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

May 19, 2021

Ms. Teri DeRoche Browning Public Schools Transportation Department CPR Coordinator Browning, MT 59417

Dear Mrs. DeRoche

Re: First Aid CPR AED Course June 11, 2021

Thank you for selecting me to put on a First Aid CPR AED course on June 11th 2021 at the Transportation Dept. beginning 0830. The following is a detail of the invoice for the course:

| 6 students @ \$50.00 each | \$300.00 |
|---------------------------|----------|
| 6 cards @ \$20.00 each | \$120.00 |
| Total | \$420.00 |

Please let me know if there are any changes. Thank you.

Thank You,

Brenda Guardipee Instructor