

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 3/7/23



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**Recognition:**     Students                       Staff                       Parents  
**Information:**    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

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**Date:**        2/28/23

**To:**            Corrina Guardipee-Hall  
                    Superintendent

**From:**        Cinnamon Crawford  
**Title:**        Prevention Director

**Subject: Wellness Day Gardening Workshop Consultant 2023**

**Description:** Request approval of contract service agreement for Barbra AfterBuffalo, Wellness Day Consultant to provide a Gardening Workshop.

**Financial Impact:** \$600.00

**Funding Source:** Wellness Project: 115.90.470.2213.320.209

**Attachment(s):** CSA

**Superintendent Action:**    Approved    Denied    Deferred    Initial & date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**    N/A (Info)    Approved    Denied    Tabled to: \_\_\_\_\_

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-2708

**Date:** 2/28/23

**Board Approval:** 3/7/23

**Contractor:** Barbara After Buffalo

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
P.O. Box or Street Address      City, State, Zip

Browning, MT 59417

**Type of Project/Service** (be specific): Contractor will provide a Gardening Workshop for 3/17/23 Wellness Day.

**Contracted Dates:** 3/17/23 to 3/17/23

Rate per hour/per day: \$600.00 x 1 # of Days = \$600.00

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

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = NA

Other costs (explain): \_\_\_\_\_ = NA

**Total Project Cost** = \$600.00

**Contract to be paid from:**

115.90.470.2213.320.209

\_\_\_\_\_

**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**

Robert Miller  
**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