

Browning Public Schools  
**Board Agenda Request**  
Meeting to Be Held: 8-13-19



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**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

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**Date:**    7-24-19

**To:**        **Corrina Guardipee-Hall**  
                    Superintendent

**From:**    Teri DeRoche  
                    Title:    Transportation Supervisor

**Subject:** **First Aid / CPR**

**Description:** Request for Brenda Guardipee to put on a First Aid/Cpr class for Transportation on August 22, 2019 for bus driver's that are required to have this class.

**Financial Impact:** \$420.00

**Funding Source (Budget/grant, etc.):** 110/210-96-167-2710-0330-0000

**Attachment(s):** CSA

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**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:** 7-24-19

**Board Approval:** \_\_\_\_\_

**Contractor:** Brenda Guardipee

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

P.O. Box or Street Address: \_\_\_\_\_

**Type of Project/Service** (be specific): First Aid/ Cpr Class for Driver's required to drive school bus.

**Contracted Dates:** 8-22-19 to 8-22-19

Rate per hour/per day: 50.00+cards-20.00\_\_ x 6 people # of Days = \$420.00

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

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

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

**Total Project Cost** = \$ 420.00

**Contract to be paid from:**

110-96-167-2710-0330 -0000

210-96-167-270- 0330 -0000

**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.

Brenda Guardipee

**Contractor's Signature**

\_\_\_\_\_  
**SSN/Federal ID Number/EIN**

Teri DeRoche

**Principal/Supervisor**

\_\_\_\_\_  
**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.