Browning Public Schools **Board Agenda Request**Meeting to Be Held: October 12, 2021



| Recognit | ion: 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 | |
| Date: | 10/5/2021 | | | |
| To: | Corrina Guardipee-Hall | From: | John E Salois | |
| | Superintendent of Schools | Title: | Human Resource Director | |
| <u>Was</u> : \$2,0 | 1 Impact: -\$2,288.00 000 per month for 12 months: \$24,714.00 per month for 8 months: \$21,7 | | | |
| Funding | Source (Budget/grant, etc.): Es | ser II | | |
| Attachmo | ent(s): CSA | | | |
| Approval | l: Superintendent's Office/Finance | ce/Personnel as applicable | e (Initial) | |
| Commen | tts: | | | |
| Board Ac | ction: N/A (Info) | Approved Den | ied Tabled to: | |

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

Date:October 12, 2021Board Approval:October 12, 2021Contractor:Kathy BroerePhone:(406) 229-1849Address:80 Cathy's CoveDillon, MT59725P.O. Box or Street AddressCityStateZip

Type of Project/Service (be specific): Contractor will: Provide confidential, quality and assessable mental health services via tele-health for up to twenty clients per week. Provide up to two groups per week in addition to the 20 clients. Provide an opportunity for families to participate in their child's therapy via Family Counseling. Partner and work with school's personnel to address specific concerns for students, i.e. trauma, behavior, etc. Provide mental health services to district employees. Provide continued supervision of Licensed Clinical Professional Counselor Candidates. During vacations that last longer than a week, contractor will continue seeing clients. If they are unable to make the appointments during the vacation period, contractor will "check in" in a confidential manner that best fits the clients. This includes the summer months.

Contractor will provide at their own cost:

- Professional Liability insurance.
- Tribal Business License.
- State Business License.
- yearly renewal of professional licenses.
- -Subscription to Simple Practice, an online service that provides confidential scheduling, client portal, confidential tele-mental health and third-party billing.

Compensation: The cost for the district will be \$2000.00 per month for twelve months, to be renegotiated at the end of the fiscal year. The parties recognize this is a base salary, which covers one week of expenses for 20 clients a week or five clients a month. The three weeks or additional clients will be billed by me via a third party; ex. Medicaid or private insurance.

The cost for the district will be \$2714.00 per month from November 3, 2021 through June 30, 2022, to be renegotiated at the end of the fiscal year. The parties recognize this is a base salary, which covers one week of expenses for 20 clients a week or five clients per week a month. The three weeks or additional clients will be billed by me via a third party; ex. Medicaid or private insurance

| Contracted Dates: <u>August 26</u> , <mark>November 3</mark> , 202 | 21-June 30, 2022 | | |
|--|----------------------------------|-------------------------------|--------------------------------|
| Rate per hour/per day: \$2,000 \$2,714.00 per mor | = | \$24000.00 <u>\$21,712.00</u> | |
| Per Diem/per day: x# | of Days | = | N/A |
| Mileage: miles @ per r | mile | = | N/A |
| Other costs (explain): Not to exceed total \$ | amount | = | N/A |
| | Total Project Cost | = | \$24,000.00 \$21,712.00 |
| | | | |
| Contract to be paid from: | Independent Contractor: | | |
| | Submit invoi | ce on | completion |
| | Other Submit Monthly invoice | | |
| | 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. | | | | | | |
|---|---|--|--|--|--|--|
| | Corrina Guardipee-Hall | | | | | |
| Contractor's Signature | Principal/Supervisor | | | | | |
| SSN/Federal ID Number/EIN | Superintendent | | | | | |
| SSIVI edelar is ivamser/siiv | Superintendent | | | | | |
| 1 1 | Public Schools with a Federal ID Number, State Contractor application Affidavit waiving their rights under the ent Insurance for employees. | | | | | |
| White – Contractor | Yellow – Business Office | | | | | |