Browning Public Schools **Board Agenda Request**Meeting To Be Held: 05/14/24



Recognit	ion: Students	Staff	Parents						
Information:		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:	04/20/24								
To:	Corrina Guardipee-Hall Superintendent	From: Rebecca Rappold Title: Interim Director of Special Education							
Subject: Contract Service Agreement: Lead Speech/Language Pathologist 2024-2025									
Description: Recommend Mission Therapy, Katie Kuka to provide Lead Speech/Language Pathology Services for the 2024-2025 school year.									
Financial Impact: \$ 105,513.20									
Funding Source (Budget/grant, etc.): 115-76-456-2152-330-613									
Attachment(s): Contract Service Agreement									
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

Board Approval: May 14, 2024

Date: May 7, 2024

Contracto	r:	Mission Therapy		Phone: (406) 470-1068					
Address:	P.O	. Box 2705	Brown	ning	MT	59417			
Type of trainings, will also therapy, windividual maintain a the district	Proje assist provide vriting educe pprope	ct/Service (be speci Speech Pathologists de speech/language the greation reports, ation plans (IEP) are priate records to meet appropriate proof of contracted days to for	fic): The Lead S with assessments nerapy services to conducting evalu- nd conduct IEP is state and district r current licensure,	Speech/Language s, trainings and go include but will nation report med meetings as neces requirements. The workers' compensation	Patholo general g l not be etings, su essary, w e speech/l nsation e	gist will performidance, graded limited to testing there writing there anguage patholoxemption and in the semption and in the	s PK through 12. ng, identification, apy aide, writing reports and will ogist will provide ndividual liability		
(PI & PIR	Days	+10-days, excluding	identified BPS ho	lidays and weeke	ends.				
Rate per he Per Diem/J Mileage: _	our/pe	tes: 08/14/24 to 06/1 er day: \$66.95 x up to ny: x # c miles @ per m plain): Not to exceed to	1576 hrs f Days tile otal \$ amount	Total Project Co		= \$105,513.20 = = = = \$105,513.20			
Contract	to be	paid from:		Independent	t Contrac	ctor:			
115-76-456-2152-330-613				☐ Invoice/Payment Monthly					
Other									
	Employee: Submit timesheet through payroll								
Schools fo	or the	s and conditions cons contractor to render lems, this agreement	services, as indica	ated. In the ever					
Contractor's Signature				Principal/Supervisor					
	-3894								
Federal II) Nui	nber/EIN		Superintendent					
An Indepe	ndent	Contractor must pro	vide Browning Po	ublic Schools wit	th a Fede	ral ID Number	, State Contractor		

White - Contractor Yellow - Business Office

Worker's Compensation Insurance and Unemployment Insurance for employees.

License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the