

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



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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

Date: 04/20/24

To: Corrina Guardipee-Hall
 Superintendent

From: Rebecca Rappold
Title: Interim Director of Special Education

Subject: **Contract Service Agreement: Speech/Language Pathologist 2024-2025**

Description: Recommend Barbara Finnell to provide Speech/Language Pathology Services for the 2024-2025 school year.

Financial Impact: \$ 84,748.40

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

Date: May 7, 2024

Board Approval: May 14, 2024

Contractor: Barbara Finnell

Phone: 406-356-6678

Address: 5402 62nd Street **City:** Camrose, AB **State:** Canada **Zip:** T4V 4H3

Type of Project/Service (be specific): Contractor will provide speech/language tele-therapy services to include, but will not be limited to testing, identification, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance. 187 contracted days to follow the Browning Public Schools adopted 2024-2025 school year calendar (PI & PIR Days), excludes identified BPS holidays and weekends.

Contracted Dates: 08/19/24 to 06/06/25

Rate per hour/per day: \$56.65 x up to 1496 hrs = \$84,748.40

Per Diem/per day: _____ x _____ # of Days = _____

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): Not to exceed total \$ amount = _____

Total Project Cost = \$84,748.40

Contract to be paid from:

115-76-456-2152-330-613

Independent Contractor:

Invoice/Payment Monthly

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

Principal/Supervisor

N/A

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