Browning Public Schools **Board Agenda Request**Meeting To Be Held: 04/28/21



| Recognit | ion: Students | Staff | Parents | | |
|--|--|---------------------|---|--|--|
| Informat | tion: 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 t | o Elementary (only) | High School/District Wide | | |
| Date: | 04/19/21 | | | | |
| To: | Corrina Guardipee-Hall Superintendent | - | Maureen Stott Special Services Director | | |
| Subject: | Subject: Amend Contract Service Agreement for Ardor School Solutions 2020-2021 | | | | |
| Description: Request to amend the 2020-2021 Contract Service Agreement for Ardor School Solutions Speech/Language Pathology Services to add additional hours for the 2020-2021 school year. | | | | | |
| Financial Impact: \$ 9,500.00 | | | | | |
| Funding Source (Budget/grant, etc.): 115-76-456-2152-330-611 | | | | | |
| Attachment(s): Amended Contract Service Agreement | | | | | |
| Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) | | | | | |
| Comments: | | | | | |
| | | | | | |
| Board Ac | ction: N/A (Info) | Approved Denied | Tabled to: | | |

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

| Date: <u>April 19, 2021</u> | Board Approval: 4/28/21 | | | |
|---|--|--|--|--|
| Contractor: Ardor School Solutions | Phone: 954-510-3388 | | | |
| Address: P.O. Box 6280 City: C | Carol Stream, State: IL Zip 60197 | | | |
| Speech/Language Pathologist will provide speech/lan limited to testing, diagnosis, therapy, writing evalue supervising therapy aide, writing individual education reports and will maintain appropriate records to mee | SA to add more hours to 2020-2021 contract. The guage tele-therapy services to include, but will not be nation reports, conducting evaluation report meetings plans (IEP's) and conduct IEP meetings, writing therapy et state and district requirements. The speech/language of of current licensure, workers' compensation exemption | | | |
| Contracted Dates: 05/01/21 to 06/04/21 Rate per hour/per day: \$68.00 x 7.5 hrs./5 days a wk Per Diem/per day: x # of Days Mileage: miles @ per mile Other costs (explain): Not to exceed total \$ amount | = \$9,500.00 = = = Fotal Project Cost = \$9,500.00 | | | |
| Contract to be paid from: 115-76-456-2152-330-611 | Independent Contractor: ☐ Submit Invoice Monthly | | | |
| | ☐ Other Employee: ☐ Submit timesheet through payroll Weekly | | | |
| | at by and between the contractor and the Browning Public ted. In the event of non-completion of services or other ccordingly. | | | |
| Contractor's Signature | Principal/Supervisor | | | |
| 84-4484742 SSN/Federal ID Number/EIN | Superintendent | | | |
| | blic Schools with a Federal ID Number, State Contractor | | | |
| License or sign an Independent Contractor's Exempti | on Application Affidavit waiving their rights under the | | | |
| Worker's Compensation Insurance and Unemployment Insurance for employees. | | | | |

Yellow – Business Office

White – Contractor