## Browning Public Schools **Board Agenda Request**Meeting to Be Held: 11/30/22



<b>Recognition:</b> 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 to	Elementary (only)	☐ High School/District Wide			
Date:	11/17/22					
To:	Corrina Guardipee-Hall	From:	Matthew Johnson			
	Superintendent	Title:	Director of Alternative Education			
Subject:	CSA: Ee-Kah-Ki-Maht Cook	rdinator 2022-2023 SY	7			
Descripti 2022-202	ion: Contract Service Agreeme 3 SY.	ent for Isaiah Crawford	Ee-Kah-Ki-Maht Coordinator for the			
Financial	<b>I Impact: \$7,296.00</b> ("Per the	Temporary Compensat	ion salary Schedule 9/23/21")			
Funding Source (Budget/grant, etc.): 126.64.170.1340.111						
Attachm	ent(s): Contract Service Agr	reement				
Approva	l: Superintendent's Office/Fin	ance/Personnel as appli	cable (Initial)			
Commen	ts:					
Board A	ction: N/A (Info)	Approved Deni	ed Tabled to:			

## Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

**Board Approval:** 

Contractor: Isaiah Crawford		Pho				
Address:		Browning,	MT	59417		
I	P.O. Box or Street Address	City	State	Zip		
Type of I	Project/Service (be specific): C	oordinator for the Ee-Kal	h-Ki-Maht Pro	gram. Contractor will provide		
	recreational activities for studen			-		
	ntil 10pm. Wednesday, from 6:0	<u> </u>	<u> </u>			
_	f Alternative Education and main	-	-	-		
the superv	ision of the Director of Alternativ	ve Education and will be re	esponsible for a	all standards of employment for		
_	employment with the district.					
Contracte	ed Dates: 12/1/22 to 6/7/23					
Rate per h	our/per day: \$16.00 per hour x 1	9 hours per week x 26 wee	eks =	\$7,296.00		
	per day: x # of Day		=	N/A		
	miles @ per mile		=	N/A		
Other cost	s (explain): Not to exceed total \$	amount	=	<u>N/A</u>		
		Total P	Project Cost =	\$7,296.00		
Contract	to be paid from:	Independ	lent Contracto	or:		
126.64.17	70.1340.111	Sub	mit invoice on	completion		
		Other				
		Employee:				
		Submit timesheet through payroll				
Schools fo	e terms and conditions constitute or the contractor to render service in problems, this agreement shall	ces, as indicated. In the		•		
		Heidi Bu	Heidi Bullcalf			
Contracto	or's Signature	Principal/S	Supervisor			
SSN/Fede	ral ID Number/EIN	Superinten	dent			
License of	endent Contractor must provide r sign an Independent Contract Compensation Insurance and Un White – Contractor	or's Exemption Application of the control of the co	ion Affidavit			

**Date:** <u>10/17/22</u>