

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 10-29-2019



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: 10-7-2019

To: **Corrina Guardipee-Hall**
 Superintendent

From Teri DeRoche
Title: Transportation Supervisor

Subject: **First Aid/ CPR**

Description: Request a contract service agreement for Brenda Guardipee to put on a 1st Aid/CPR class for Transportation on November 4,2019for bus driver's that are required to have this class.

Financial Impact: \$420.00

Funding Source (Budget/grant, etc.): 110/210-96-167-2710-0330-0000

Attachment(s): CSA

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: ☐ N/A (Info) ☐ Approved ☐ Denied ☐ Tabled to: _____

October 7, 2019

Ms. Teri DeRoche
Browning Public Schools
Transportation Department
CPR Coordinator
Browning, MT 59417

Dear Mrs. DeRoche

Re: First Aid CPR AED Course November 4, 2019

Thank you for selecting me to put on a First Aid CPR AED course on November 4, 2019 at the Transportation Dept. beginning 0830. The following is a detail of the invoice for the course:

6 students @ \$50 each	\$300.00
6 cards @ \$6 each	<u>\$120.00</u>
Total	\$420.00

Please let me know if there are any changes. Thank you.

Thank You,

Brenda Guardipee
Instructor

Browning Public Schools
CONTRACT SERVICE AGREEMENT
(406) 338-2715 • (406) 338-3200

Date: 10-7-2019

Board Approval: _____

Contractor _____ **Phone:** _____

P.O. Box or Street Address: 1342 **City:** Browning **State:** Mt. **Zip:** 59417

Type of Project/Service (be specific): First Aid/ CPR Class for Driver's required to drive school bus.

Contracted Dates: 11/4/2019 to 11/4/2019

Rate per hour/per day: 50.00+cards-20.00 x 6 people # of Days = \$420.00

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

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): _____ = _____

Total Project Cost = \$ 420.00

Contract to be paid from:

110-96-167-2710-0330 -0000

210-96-167-270- 0330 -0000

Independent Contractor:

☒ Submit invoice on completion

☐ 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.

Brenda Guardipee

Contractor's Signature

517-74-9408

SSN/Federal ID Number/EIN

Teri DeRoche

Principal/Supervisor

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.