

Browning Public Schools
Board Agenda Request
 Meeting to Be Held: 6/12/2018



- 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: 6/5/2018

To: **Corrina Guardipee-Hall**
 Superintendent

From: Kimberly Tatsey-McKay
 Title: Good Medicine Program Director

Subject: Contract Service Agreement - PAX Good Behavior Game Training

Description: I am recommending a CSA for a 1-day PAX Good Behavior Game training on August 15, 2018 at the board approved training rate of \$100.00 outside of normal working hours.

- | | | | |
|---------------------|-------------------|--------------------|--------------|
| Callie Ziegler | Delora BearChild | Lorinda Devine | Kelley Sharp |
| Nathan Ziegler | Ashley Bullcalf | Debra High | Joyce Wall |
| Willie Tailfeathers | Wilma MadPlume | Victoria McClellan | Ron Tucker |
| Melody Cobell | JoAnn Powell | Mary Belcourt | Elsie Ground |
| Samantha Grant | Everett Armstrong | Jessi Edwards | |
| Marci Burd | Carina Stoves | April Jimenez | |

Financial Impact: \$2,200.00

Funding Source (Budget/grant, etc.): 115.90.465.2213.330.206

Attachment(s): PAX Sample CSA

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) 338-3200

Date: May 24, 2018

Board Approval: _____

Contractor: Sample CSA

Phone: _____

Address: _____
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): Contractor will participate in the PAX Good Behavior Game training on August 15, 2018. Contractor will complete a timesheet to document the hours of participation upon completion of the training.

Contracted Dates: Training Date TBD

Rate per hour/per day: \$100 less deduction required by law = \$100
Per Diem/per day: _____ x _____ # of Days = N/A
Mileage: _____ miles @ _____ per mile = N/A
Other costs (explain): Not to exceed total \$ amount = N/A
Total Project Cost = \$100.00

Contract to be paid from:
[115.90.465.2213.330.206](https://www.browningpublicschools.org/finance/115.90.465.2213.330.206)

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.

Contractor's Signature

Kimberly Tatsey-McKay
Principal/Supervisor

SSN/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