## Browning Public Schools Board Agenda Request Meeting to Be Held: August 29, 2018



Recognition:   Students		□ Staff	ſ	Parents		
Information:   Building Report		□ Old Bus	siness	Superintendent's Report		
Action:	□ Resignation	□ Hiring	<u> </u>	Contract Service Agreements		
	☐ Travel Out-of-State	□ Travel I	n State	Approvals		
	□ Termination	□ Legal N	fatters	Other:		
	This action request pertains	to   Element	tary (only)	High School/District Wide		
Date:	August 22, 2018					
To:	Corrina Guardipee Hall From: Nikki Hannon Superintendent Title: PCOP/Childcare Director					
AED tra				Heart Saver First Aid/CPR A/C/I, r child safety and required for BP:		
Financia	al Impact: \$350.00					
Funding	Source (Budget/grant, etc.):	Childcare B	udget # 170-72-	920-3200-120		
Attachn	nent(s): See attached CSA					
Approva	al: Superintendent's Office/Fin	nance/Personn	nel as applicable	(Initial)		
Comme	nts:					
Board A	ection: N/A (Info)	Approved	Denied	Tabled to:		

## Browning Public Schools

## CONTRACT SERVICE AGREEMENT (406) 338-2715 • (406) 338-3200

Date: August 22, 2018	Board Approval:					
Contractor: Charles Farmer	Phone: (406) 338-2500					
Address: PO Box 766 Browning, MT 594	117					
P.O. Box or Street Address	City	State		Zip		
Type of Project/Service (be specific): Contract to the BPS Childcare staff. This training is essen	tor will pro- tial for chil	vide Heart Saver I ld safety and requir	irst Aired for	d/CPR A/C/I, AED BPS child care licer	training isure.	
Contracted Dates: August 22, 2018						
Rate per hour/per day: \$50 per person x 7  Per Diem/per day: x # of Days  Mileage:miles @ per mile			=	\$ 350.00 N/A N/A		
Other costs (explain): Not to exceed total \$ amo		al Project Cost		N/A \$ 350.00		
		ar roject con		9 9 500.000		
Contract to be paid from:	I	Independent Contractor:				
170-72-920-3200-120	X Submit invoice on completion  Other					
		Employee:				
	Submit timesheet through payroll					
The above terms and conditions constitute an ag Schools for the contractor to render services, as unforeseen problems, this agreement shall be cha	s indicated.	In the event of no				
Charles Farmer		9.40	20	4		
Contractor's Signature	I	Principal/Supervisor				
-9933						
SSN/Federal ID Number/EIN	5	Superintendent				
An Independent Contractor must provide Brown License or sign an Independent Contractor's E Worker's Compensation Insurance and Unemple	xemption A	Application Affida	vit wa			
White - Contractor		Yellow - B	lusines	s Office		