

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 3/7/23



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**Recognition:**   ☐ Students                      ☐ Staff                      ☐ Parents  
**Information:**   ☐ Building Report                      ☐ Old Business                      ☐ Superintendent's Report  
**Action:**   ☐ Resignations                      ☐ 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

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**Date:**    2/28/23

**To:**        Corrina Guardipee-Hall  
                 Superintendent

**From:**    Cinnamon Crawford  
**Title:**     Prevention Director

**Subject: Wellness Day Cultural Consultant 2023**

**Description:** Request approval of contract service agreement for Mike Bruised Head, Wellness Day Cultural Consultant Services.

**Financial Impact:** \$600.00

**Funding Source:** Wellness Project: 115.90.470.2213.320.209

**Attachment(s): CSA**

**Superintendent Action:** ☐ Approved   ☐ Denied   ☐ Deferred    Initial & date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**   ☐ N/A (Info)    ☐ Approved    ☐ Denied    ☐ Tabled to: \_\_\_\_\_

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-2708

**Date:** 2/28/23

**Board Approval:** 3/7/23

**Contractor:** Mike Bruised Head

**Phone:** \_\_\_\_\_

**Address:** Box 116 Stand Off AB TOL-1YO  
P.O. Box or Street Address City, State, Zip

**Type of Project/Service** (be specific): Contractor will provide a Cultural Consultant services for 3/17/23 Wellness Day.

**Contracted Dates:** 3/17/23 to 3/17/23

Rate per hour/per day: \$600.00 x 1 # of Days = \$600.00

Per Diem/per day: \_\_\_\_\_ x \_\_\_\_\_ # of Days = NA

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = NA

Other costs (explain): \_\_\_\_\_ = NA

**Total Project Cost** = \$600.00

**Contract to be paid from:**

115.90.470.2213.320.209

\_\_\_\_\_

**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**

Robert Miller  
**Principal/Supervisor**

\_\_\_\_\_  
**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