

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 05/08/18



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**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

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**Date:**      05/01/18

**To:**            **Board of Trustees**  
                    Browning Public Schools

**From:**   Jill Mattingly  
**Title:**     Special Services Director

**Subject:** **Contract Service Agreement for Speech Patholog Services 2018-2019**

**Description:** Recommend Alida Wright to provide Speech/Language Pathologist Services therapy services as needed on an interim basis.

**Financial Impact:** \$ 43,200.00

**Funding Source (Budget/grant, etc.):** 126-76-280-2152-330-75%    226-76-280-2152-330-25%

**Attachment(s):** Contract Service Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

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

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

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

**Date:** May 1, 2018

**Board Approval:** 5/8/18

**Contractor:** Alida Wright

**Phone:** (406) 471-7804

Address P.O. Box 458 Columbia Falls MT 59912  
P.O. Box or Street Address City State Zip

**Type of Project/Service** (be specific): The Speech/Language Pathologist will provide speech/language therapy services as needed on an interim basis to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.

**Contracted Dates:** 08/31/18 to 06/30/19

Rate per hour/per day: \_\$50.00 x 8 hrs./3 days per wk (108 days) = \$43,200.00

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

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

Other costs (explain): Not to exceed total \$ amount = \_\_\_\_\_

**Total Project Cost** = \$43,200.00

**Contract to be paid from:**

126/226-76-280-2152-330

**Independent Contractor:**

☐ Submit invoice on completion

☒ Other Submit Timesheet

**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**

Jill Mattingly  
**Principal/Supervisor**

517-46-9840

**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**