

Browning Public Schools
Board Agenda Request
 Meeting to Be Held: 10/26/16



- 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: 10/18/16

To: **John Rouse**
 Superintendent

From: Jason Andreas
 Title: Executive Director

Subject: CSA for Youth Mental Health First Aid Training for 1st Year Teachers

Description: Kimberly Tatsey, Good Medicine Program Coordinator, is requesting a contract service agreement for Laura Hall to complete the second half of the YMHFA Training on October 20, 2016. Faculty will be paid a \$100 training stipend for a full 6 hours of professional development per the board approved extracurricular salary schedule

Laura Hall - \$100 per day (less deductions required by law) –Napi elementary

Financial Impact: \$100.00

Funding Source (Budget/grant, etc.): Montana Soars Budget

Attachment(s): 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: October 18, 2016

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 Youth Mental Health training on October 20, 2016. Contractor will be required to complete the full 6 hours of professional development to receive payment. No partial payments will be made. Contractor will complete a timesheet to document the hours of participation upon completion of the training.

Contracted Dates: 10/21/2016

Rate per hour/per day: \$100 less deductions required by law = \$100.00

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:

Project Soars Budget

115.90.465.2213.150.205

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

Matthew Johnson
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