

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

**Date:** 8/23/18

**Board Approval:** 8/29/18

**Contractor:** Carla Whitegrass      **Phone:** \_\_\_\_\_

**Address:** Browning, MT 59417  
P.O. Box or Street Address, City, State, Zip

**Type of Project/Service** (be specific): Contractor will provide support for writing IEPS and be available to provide extra support in the classroom.

**Contracted Dates:** school year 2018-2019 to \_\_\_\_\_

Rate per hour/per day: 120 hours x \$21.00 / hr = 2,520.00

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

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

Other costs (explain): Not to exceed total \$ amount = 2,520.00

**Total Project Cost** = \$2,520.00

**Contract to be paid from:**

126.76.280.2152.120

226.76.280.2152.120

**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**

Corrina Guardipee-Hall  
**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.