

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 01/30/19



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: 01/16/19

To: Corrina Guardipee-Hall
 Superintendent

From: Jill Mattingly
Title: Special Services Director

Subject: Speech Pathology Services

Description: Contract Service Agreement for Katie Barcus-Kuka, Extern Speech/Language Pathologist will provide speech/language therapy services as needed and maintain appropriate records to meet state and district requirements.

Financial Impact: \$ 29,520.00

Funding Source (Budget/grant, etc.): 115-76-456-2152-330-609 IDEA Part B

Attachment(s): Contract Service Agreement

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) 338-2708

Date: January 16, 2019

Board Approval: _____

Contractor: Katie Barcus-Kuka

Phone: (406) 470-1068

Address: P.O. Box 2705 Browning MT 59417
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): The Speech Language Extern will provide speech/language therapy services as needed but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aides, writing individual education plans (IEP) and conduct IEP meetings as necessary. Extern will write therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language Extern will be supervised by an ASHA certified speech language pathologist, which is outlined in subsection 1.9 of the MOU. Certification of supervisor has been verified by the UNIVERSITY and BPSSS. Liability and Insurance coverage shall be maintained by the UNIVERSITY, which is outlined in subsections 4.1 and 4.2 of the MOU.

Contracted Dates: 01/31/19 to 05/31/19

Rate per hour/per day: \$ 45.00 x 8 hrs./5 days per wk (82 days) = \$29,520.00

Per Diem/per day: _____ x _____ # of Days = _____

Mileage: _____ miles @ _____ per mile = _____

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

Total Project Cost = \$29,520.00

Contract to be paid from:

115-76-456-2152-330.609

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

Principal/Supervisor

516-02-0911

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