## Browning Public Schools **Board Agenda Request**Meeting To Be Held: 05/14/24



Recognit	ion: Students	Staff	Parents		
Information: Building Report		Old Business	Superintendent's Report		
Action:	Resignation	Hiring			
	Travel Out-of-State	Travel In State	Approvals		
	Termination	Legal Matters	Other:		
	This action request pertains to	Elementary (only)	☐ High School/District Wide		
Date:	04/20/24				
To:	Corrina Guardipee-Hall Superintendent		Rebecca Rappold nterim Director of Special Education		
Subject: Contract Service Agreement: School Psychologist 2024-2025					
<b>Description:</b> Recommend Amber Hinther to provide School Psychologist Services for the 2024-2025 school year.					
Financial Impact: \$ 74,800.00					
Funding Source (Budget/grant, etc.): 101 / 201.76.280.2140.113					
A 44 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

**Board Approval:** May 14, 2024

Date: May 7, 2024

Contractor: Amber Hinther	Phone:	<b>Phone:</b> <u>406-438-3154</u>			
Address: 588 Lake Blaine Rd City: Kal	lispell State:	MT	Zip: 59901		
Type of Project/Service (be specific): The School students. Assesses through appropriate testing and students entering the special education system. The evaluation, conduct evaluation and maintain appropriate testing and evaluation, conduct evaluation and maintain appropriate testing and evaluation, conduct evaluation and maintain appropriate testing and evaluation and maintain appropriate testing and evaluation and maintain appropriate testing appropriate testing appropriate testing and evaluation and evaluation and maintain appropriate testing appropriate testing and evaluation a	diagnostic practices. The Psychologist will provide the provided the p	Provides case r Il perform testi eet state and di 4-2025 school e the district w	management services for ng, identification, write strict requirements. The year calendar, excludes ith appropriate proof of		
Contracted Dates: 08/19/24 to 06/06/25  Rate per hour/per day: \$50.00 x up to 40 hrs/wk 149  Per Diem/per day: x # of Days  Mileage: miles @ per mile  Other costs (explain): Not to exceed total \$ amount	06 hrs Total Project Cos	= =	800.00   800.00		
Contract to be paid from: 101 / 201.76.280.2140.113	Other _ Employee:	Payment Month			
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	Rebecca R Principal/Supe				
N/A Federal ID Number/EIN	Superintendent	;			
An Independent Contractor must provide Browning	•		Number, State Contractor		

White - Contractor Yellow - Business Office

Worker's Compensation Insurance and Unemployment Insurance for employees.

License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the