Board Agenda Request Meeting To Be Held: 04/29/20 Staff **Recognition:** Students 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: 04/20/20 To: **Corrina Guardipee-Hall** Maureen Stott From: **Special Services Director** Superintendent Title: Subject: CSA - A.W.A.R.E, Inc. (Children Developmental Disabilities) **Description:** Diane Black is the consultant from A.W.A.R.E. who will provide consultation and classroom Behavior Management Strategies. The cost increase is due to contacting with the behavior consultant for more hours. Ms. Blacks services have been valuable in helping us to improve services to SpEd students who have behavioral and communication needs utilizing the picture exchange communication system (PECS). She also completes functional behavior analysis (FBA's) and behavior intervention plans (BIP's) for SpEd students with severe behavior problems. I would like to be able to extend her services to a limited number of regular education students to help them be successful in the school setting. **Financial Impact:** \$ 31,350.00 Funding Source (Budget/grant, etc.): 115-76-456-2152-330-611 **Attachment(s):** Contract Service Agreement **Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) Comments:

Denied

Tabled to:

Approved

Browning Public Schools

Board Action:

N/A (Info)

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-3200

Date: April 20, 2020	Board Approval:			
Contractor: A.W.A.R.E., Inc. (Children's Developm	ctor: A.W.A.R.E., Inc. (Children's Developmental Disabilities		Phone: (406) 471-7804	
Address 205 E. Park Avenue	Anaconda	MT	59711	
P.O. Box or Street Address	City	State	Zip	
Type of Project/Service (be specific): Consulting on	classroom strategies wit	th autism stude	ents, writing behavior	
intervention plans and functional behavioral assessme	nts with Diane Black.			
Contracted Dates: <u>09/10/20</u> to <u>05/31/21</u>				
Rate per hour/per day: \$95.70 x 7 hrs./day x 40 days	= \$26,796.00			
Per Diem/per day: # of Days		=		
Mileage: R/T Kalispell/Browning = 198 miles @ .573	5 per mile x 40 days	= \$4,554	4.00	
Other costs (explain): Not to exceed total \$ amo	plain): Not to exceed total \$ amount		=	
	Total Project Cost	= \\$31,35	0.00	
Contract to be paid from:	Independent Contractor:			
115-76-456-2152-330-611	Submit invoice on completion			
	Other <u>Submit Timesheet</u>			
	Employee:			
	Submit timesheet through payroll			
The above terms and conditions constitute an agreem Schools for the contractor to render services, as indi- unforeseen problems, this agreement shall be changed	cated. In the event of		•	
	Maureen Stott			
Contractor's Signature	Principal/Superviso	or		
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