Browning Public Schools **Board Agenda Request**

Meeting to Be Held: 5/09/2023



			
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:	5/2/2023		
To:	Corrina Guardipee-Hall	From:	John E Salois
	Superintendent of Schools	Title:	Human Resource Director
Subject:	Contract Service Agreement fo	or Tele-Mental Health Se	ervices 2023-2024
will provi Yearly rescheduling \$2,000.00 is a base s	ide at their own cost: Professiona newal of professional licenses, Su g, Client portal, Confidential Tele per month for twelve months, to	Il Liability insurance, Tril abscription to Simple Prace-Mental Health, and Thin be renegotiated at the en expenses for 20 clients a	lealth services for 2023-2024 year. Contractor bal Business License, State Business License etice, Online service that provides confidential rd-party billing. The cost to the district will be do of the fiscal year. The parties recognize this week or five clients a month. The three weeks private insurance.
Financial	I Impact: \$24,000.00 (\$2,000 per	month for 12 months)	
Funding	Source (Budget/grant, etc.): ES	SER III <u>115.90.787.2143</u>	3.113.633
Attachmo	ent(s): CSA		
Approval	l: Superintendent's Office/Finance	ce/Personnel as applicable	e (Initial)
Commen	ts:		
Board Ac	ction: N/A (Info)	Approved Den	uied Tabled to:

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

Board Approval: 5/9/23

Contractor: Kathy Broere	Phone: <u>(406) 229-1849</u>			
Address: 80 Cathy's Cove Dillo	on, MT 59725			
P.O. Box or Street Address City	State Zip			
Type of Project/Service (be specific): Contractor wi	ll: Provide confidential, quality and assessable mental health			
	eek. Provide up to two groups per week in addition to the 20			
* *	pate in their child's therapy via Family CounselingPartner			
**	ic concerns for students, i.e. trauma, behavior, etc. Provide			
*	ctor will provide continued supervision of Licensed Clinical			
- ·	that last longer than a week, contractor will continue seeing			
•	uring the vacation period, contractor will "check in" in a			
confidential manner that best fits the clients. This includes the summer months.				
Contracted Dates: July 1, 2023 – June 30, 2024				
Rate per hour/per day: \$2,000 per month x 12	= <u>\$24,000.00</u>			
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 = $$24,000.00$			
Contract to be paid from:	Independent Contractor:			
<u>115.90.785.2214.113.633</u>	Submit invoice on completion			
	Other <u>Submit Monthly invoice</u>			
	Employee:			
	Submit timesheet through payroll			
	nent by and between the contractor and the Browning Public icated. In the event of non-completion of services or other laccordingly.			
	Corrina Guardipee-Hall			
Contractor's Signature	Principal/Supervisor			
SSN/Federal ID Number/EIN	Superintendent			
	Public Schools with a Federal ID Number, State Contractor ption Application Affidavit waiving their rights under the			

Worker's Compensation Insurance and Unemployment Insurance for employees.

BOARD AGENDA REQUEST

White - Contractor

Date: <u>5/2/23</u>

Yellow – Business Office